



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000057665		2. Exact name of the Corporation GREENWICH INSULATION INC.			
3. Principal office address 75 SHARPE ST		City W. GREENWICH	State R.I.	Zip 02817	
4. Business Phone No. (401) 826-2520		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island INSULATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT GNUTTHADURIA		Vice-President Name PATRICIA GNUTTHADURIA			
Street Address 75 SHARPE ST		Street Address 75 SHARPE ST			
City W. GREENWICH	State R.I.	Zip 02817	City W. GREENWICH	State R.I.	Zip 02817
Secretary Name PATRICIA GNUTTHADURIA		Treasurer Name ROBERT GNUTTHADURIA			
Street Address 75 SHARPE ST		Street Address 75 SHARPE ST			
City W. GREENWICH	State R.I.	Zip 02817	City W. GREENWICH	State R.I.	Zip 02817
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NO DIRECTOR		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address ENTERED JAN 10 2017			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet. 2,000 NO PAR VALUE			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 19 2017

BY 10533 V.P.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Patricia Gnutthaduria 1/10/2017
Signature of Authorized Representative Date

Print Name of Authorized Representative