RI SOS Filing Number: 201730495450 Date: 01/19/2017 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
98538	**GRENCO, INC.**			
3. Principal Office Address		City	State	Zip
35 Raymond Potter Lane		**Exeter**	**RI**	**02882**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
23 - Construction	**Business of builders and contractors**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Scott Grenon**			Vice-President Name **Todd Grenon**		
Street Address **35 Raymond Potter Lane**			Street Address **35 Raymond Potter Lane**		
City **Exeter**	State **RI**	Zip **02882**	City **Exeter**	State **RI**	Zip **02882**
Secretary Name **Scott Grenon**			Treasurer Name **Scott Grenon**		
Street Address **35 Raymond Potter Lane**			Street Address **25 Raymond Potter Lane**		
City **Exeter**	State **RI**	Zip **02882**	City **Exeter**	State **RI**	Zip **02882**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Scott Grenon**			Director Name		
Street Address **35 Raymond Potter Lane**			Street Address		
City **Exeter**	State **RI**	Zip **02882**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**No Par**

11. 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.

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.

Name of Authorized Representative	Date
Scott Grenon	1/10/17

Signature of Authorized Representative: Scott Grenon

FILED
JAN 19 2017
BY 293563

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016