



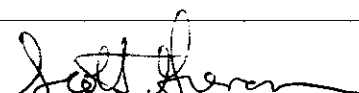
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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2017 JAN 19 PM 2:21

1. Entity ID Number 98538		2. Exact name of the Corporation GRENCO, INC.			
3. Principal Office Address 35 Raymond Potter Lane		City Exeter		State RI	Zip 02882
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			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 Scott Grenon					Date 1/10/17
Signature of Authorized Representative 					FILED

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

JAN 19 2017

BY Ch 293503

FORM 630 - Revised: 10/2016