



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.

| | | | |
|---|--|--|------------------------|
| 1. Entity ID Number 12398 | | 2. Exact name of the Corporation Greco Brothers Plating Supply Company | |
| 3. Principal Office Address Greco Lane | | City Providence | State RI |
| | | Zip 02909 | |
| 4. NAICS Code 31-33 - Manufacturing <input checked="" type="checkbox"/> | 6. Brief description of the character of business conducted in Rhode Island manufacturing of plating, cleaning, and drying equipment | | |
| 5. State of Incorporation Rhode Island | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Ralph M. Greco | | Vice-President Name David H. Greco | |
| Street Address 95 Bramblebush Road | | Street Address 194 Selma Street | |
| City Coventry | State RI | City Cranston | State RI |
| | Zip 02816 | | Zip 02920 |
| Secretary Name David H. Greco | | Treasurer Name David H. Greco | |
| Street Address 194 Selma Street | | Street Address 194 Selma Street | |
| City Cranston | State RI | City Cranston | State RI |
| | Zip 02920 | | Zip 02920 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Ralph M. Greco | | Director Name David H. Greco | |
| Street Address 95 Bramblebush Road | | Street Address 194 Selma Street | |
| City Coventry | State RI | City Cranston | State RI |
| | Zip 02816 | | Zip 02920 |
| Director Name None | | Director Name None | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | Zip |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> | | | |
| NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| 300 | | Common | No par value |
| | | | |
| 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 Ralph M. Greco | | | Date 2/14/17 |
| Signature of Authorized Representative | | | |

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

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