



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 73298		2. Exact name of the Corporation <i>Raymond C. Green, Inc.</i>			
3. Principal Office Address 155 Federal St. #1300			City Boston	State MA	Zip 02110
4. NAICS Code 53 - Real Estate and Rental <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island Real estate and personal property of every kind.			
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 Raymond C. Green			Vice-President Name		
Street Address 155 Federal St. #1300			Street Address		
City Boston	State MA	Zip 02110	City	State	Zip
Secretary Name Joan C. Green			Treasurer Name Raymond C. Green		
Street Address 155 Federal St. #1300			Street Address 155 Federal St. #1300		
City Boston	State MA	Zip 02110	City Boston	State MA	Zip 02110
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond C. Green			Director Name Joan C. Green		
Street Address 155 Federal St. #1300			Street Address 155 Federal St. #1300		
City Boston	State MA	Zip 02110	City Boston	State MA	Zip 02110
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	common	none
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 <i>Raymond C. Green, President</i>					Date <i>1/30/17</i>
Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE					

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

FILED

FEB 21 2017

36110