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	2. Exact name of the Corporation
35067	GREENVILLE INSULATION CO INC

3. Principal Office Address	City	State	Zip
305 PUTNAM PIKE	SMITHFIELD	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
31-33 - Manufacturing	INSULATION INSTALLATION
5. State of Incorporation	
RHODE ISLAND	

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

President Name: ANTHONY J GARGARO			Vice-President Name: ANTHONY J GARGARO		
Street Address: 6 EASTWARD DRIVE			Street Address: 6 EASTWARD DRIVE		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865
Secretary Name: ANTHONY J GARGARO			Treasurer Name: ANTHONY J GARGARO		
Street Address: 6 EASTWARD DRIVE			Street Address: 6 EASTWARD DRIVE		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865

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

Director Name: ANTHONY J GARGARO			Director Name:		
Street Address: 6 EASTWARD DRIVE			Street Address:		
City: LINCOLN	State: RI	Zip: 02865	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	COMMON	NO PAR
Changes require an additional filing.			

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
ANTHONY J GARGARO	1/28/17

Signature of Authorized Representative

FILED
FEB 23 2017
BY 10679DS

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