RI SOS Filing Number: 201737259730 Date: 3/2/2017 4:00:00 PM

Sta. I Rhode Island an Department of Sta			Division			
Annual Report for the ye Corporation	ear: 2017	, ,				
 → Filing period: January 1 - N → Filing Fee: \$50.00 → Penalty: Additional \$25.00 N 		filed by April 1.				
Entity ID Number	2. Exact name of the Corporation					
12610	Greene Industries, Inc.					
3. Principal Office Address			City		State	Zip
65 Rocky Hollow Road - PO Box 66			East Green	wich	RI	02818
4. NAICS Code 6. Brief description of the charact			ter of business c	onducted in Rhode Is	land	
31-33 - Manufacturing	Manufacturer and Distributor of Packaging Materials					
5. State of Incorporation Rhode Island						
7. List ALL officers (names and ad	dresses)				he box to ir	ndicate an attachment 🔲
President Name Robert Allen Gree	Vice-President Name Allison H. Morrison					
Street Address 35 Spring Street			Street Address 384 West Allenton Road			
City East Greenwich	State RI	^{Zip} 02818	^{City} North Ki		State RI	^{Zip} 02852
Secretary Name Marilyn R. Greene	Treasurer Name Robert Allen Greene					
Street Address PO Box 137	Street Address PO Box 137					
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich		State RI	^{Zip} 02818
8. List ALL directors (names and a	ddresses)		Director Name		the box to it	ndicate an attachment
Sharon W. Tetreau	Director Name Todd A. Greene					
Street Address 56 Jamaica Way	Street Address 10 Rosewood Drive					
City North Kingstown	State RI	^{Zip} 02852	City Mansfield		State MA	Zip 02048
Director Name Russell W Greene	Director Name					
Street Address 59 Essex Road		<u> </u>	Street Address		Toda	17:
9. Shares Authorized		7ีบั. Snares iss	70. Snares issued (it) NUMBER OF SHARES		State Uneck the box to hi CLASS/SERIES	
This information is currently of record in the Department of State.		2485			Common	
Changes require an additional filing			<u>.</u>	<u> </u>		
11. This report must be executed of	on behalf of the c	orporation by an a	uthorized repres	sentative. If the corpor	ration is in t	he hands of a receiver or
trustee, this report must be execut Under penalty of perjury, I declar	ed on behalf of the	ne corporation by at I have examin	the receiver or tr ed this report, is	ustee. ncluding any accom	nanvinn sa	chadulas and
statements, and that all stateme	nts contained h	erein are true an	d correct.		————	
Name of Authorized Representative Allison H. Morrison					Date	
			2/27/17			
Signature of Authorized Represen	tative	V- (1) (1)		Mum	17 Pt	Inmain
MAIL TO:			¥ 5 4 4		1 1 1	10010301

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov