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
12610	Greene Industries, Inc.

3. Principal Office Address	City	State	Zip
65 Rocky Hollow Road - PO Box 66	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
31-33 - Manufacturing	Manufacturer and Distributor of Packaging Materials
5. State of Incorporation: Rhode Island	

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

President Name: Robert Allen Greene, II			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 Kingstown	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 addresses) — Check the box to indicate an attachment ☐

Director Name: Sharon W. Tetreault			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			Street Address:		
			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
2485	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	Date
Allison H. Morrison	2/27/17

Signature of Authorized Representative: Allison H. Morrison

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

MAR 02 2017
BY 10147 DS

FORM 630 - Revised: 02/2017