



State of Rhode Island and Providence Plantations

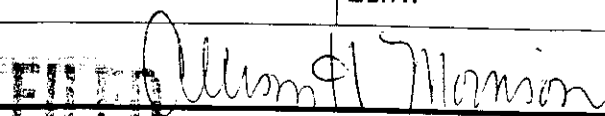
Department of State - Business Services Division

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 12610		2. Exact name of the Corporation Greene Industries, Inc.			
3. Principal Office Address 65 Rocky Hollow Road - PO Box 66		City East Greenwich		State RI	Zip 02818
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island 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			
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued		Check the box to indicate an attachment ☐	
Changes require an additional filing.		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 Allison H. Morrison				Date 2/27/17	
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

BY

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FORM 630 - Revised: 02/2017