RI SOS Filing Number: 201737825700 Date: 3/9/2017 4:00:00 PM

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
000797032	Green Cross, Inc.

3. Principal Office Address	City	State	Zip
94 Taylor Avenue	Norwalk	CT	06854

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
11 - Agriculture, Forestry, Fishi	Three and shrub healthcare
5. State of Incorporation	
Connecticut	

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

President Name: Kent M. Pierce			Vice-President Name:		
Street Address: 30 Montauk Boulevard			Street Address:		
City: East Hampton Springs	State: NY	Zip: 11937	City:	State:	Zip:
Secretary Name: Kent M. Pierce			Treasurer Name: Kent M. Pierce		
Street Address: 30 Montauk Boulevard			Street Address: 30 Montauk Boulevard		
City: East Hampton Springs	State: NY	Zip: 11937	City: East Hampton Springs	State: NY	Zip: 11937

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

Director Name: Kent M. Pierce			Director Name:		
Street Address: 30 Montauk Boulevard			Street Address:		
City: East Hampton Springs	State: NY	Zip: 11937	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.	5,000	Common	No Par value
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: **Kent M. Pierce, President**

Date: 3/2/17

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAR 09 2017
BY 11810

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