



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

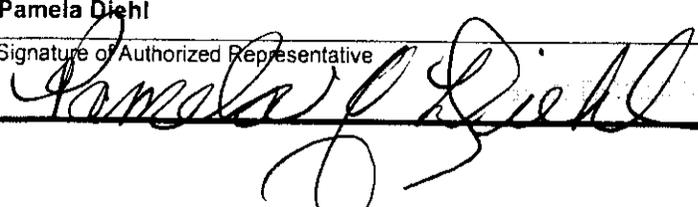
RECORDED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2016

2017 APR 24 PM 12:48

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 12369		2. Exact name of the Corporation Greatrex Corporation				
3. Principal Office Address PO Box 5055			City Greene	State RI	Zip 02827	
4. Business Phone Number 401-751-3170			5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Engage in business of acquiring equity interest in corporations&making investments in other business opportunity						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name Victoria Brown			Vice-President Name Pamela Diehl			
Street Address 205 Barb's Hill Road			Street Address 10 Saddlerock Road			
City Greene	State RI	Zip 02827	City West Greenwich	State RI	Zip 02827	
Secretary Name Robert Brown			Treasurer Name			
Street Address PO Box 5055			Street Address			
City Greene	State RI	Zip 02827	City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name Pamela Diehl			Director Name Victoria Brown			
Street Address 10 Saddlerock Road			Street Address 205 Barb's Hill Road			
City West Greenwich	State RI	Zip 02827	City Greene	State RI	Zip 02827	
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES	
			PAR VALUE			
			13	Class A	\$0.00	
67	Class B	\$0.00				
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 Pamela Diehl				Date		
Signature of Authorized Representative 						

FILED

APR 24 2017

BY 301834

A.A. 12:51 PM

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov