



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year: 2016

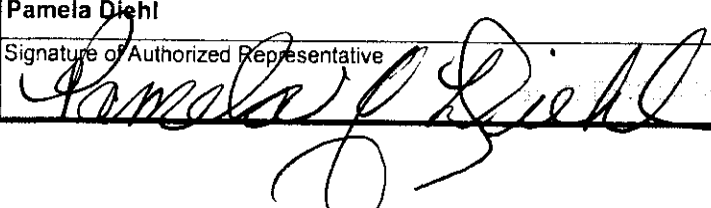
## Corporation

2017 APR 24 PM 12:48

→ 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 <b>12369</b>		2. Exact name of the Corporation <b>Greatrex Corporation</b>			
3. Principal Office Address <b>PO Box 5055</b>		City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>	
4. Business Phone Number <b>401-751-3170</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Engage in business of acquiring equity interest in corporations&amp;making investments in other business opportunity</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Victoria Brown</b>			Vice-President Name <b>Pamela Diehl</b>		
Street Address <b>205 Barb's Hill Road</b>			Street Address <b>10 Saddlerock Road</b>		
City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02827</b>
Secretary Name <b>Robert Brown</b>			Treasurer Name		
Street Address <b>PO Box 5055</b>			Street Address		
City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Pamela Diehl</b>			Director Name <b>Victoria Brown</b>		
Street Address <b>10 Saddlerock Road</b>			Street Address <b>205 Barb's Hill Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02827</b>	City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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. <b>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.</b>					
Name of Authorized Representative <b>Pamela Diehl</b>				Date	
Signature of Authorized Representative  <b>2/3/17</b>					

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

APR 24 2017

BY 301834

A.A. 12:51pm

FORM 630 - Revised: 05/2016