



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2015

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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

2017 APR 24 PM 12:48

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>	City <b>West Greenwich</b>	State <b>RI</b>
Zip <b>02827</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>	City	State
Zip <b>02827</b>		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>	City <b>Greene</b>	State <b>RI</b>
Zip <b>02827</b>		Zip <b>02827</b>	
9. Shares Authorized  This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>13</b>	<b>Class A</b>
		<b>\$0.00</b>	
		<b>67</b>	<b>Class B</b>
		<b>\$0.00</b>	
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 <b>2/21/17</b>	
Signature of Authorized Representative <i>Pamela Diehl</i>			

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. 12:50p.m.