



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

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 BUS SVCS DIV

2017 JUN 21 AM 11:02

1. Entity ID Number 28156		2. Exact name of the Corporation GREYSTONE SOCIAL CLUB			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813319		SOCIAL CLUB			
6. Principal Office Address 3 GREYSTONE AVE			City NORTH PROV	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT VARIN			Vice-President Name MARK NARDI		
Street Address 3 GREYSTONE AVE			Street Address 3 GREYSTONE AVE		
City NORTH PROV	State RI	Zip 02911	City NORTH PROV	State RI	Zip 02911
Secretary Name CHRIS GOSSETTI			Treasurer Name DAVID BRUNO		
Street Address 3 GREYSTONE AVE			Street Address 3 GREYSTONE AVE		
City NORTH PROV	State RI	Zip 02911	City NORTH PROV	State RI	Zip 02911
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JARRED DANIEL			Director Name George BROWN		
Street Address 3 GREYSTONE AVE			Street Address 3 GREYSTONE AVE		
City N PROV	State RI	Zip 02911	City N PROV	State RI	Zip 02911
Director Name JACK BAUME			Director Name MICHAEL HAUMANN		
Street Address 3 GREYSTONE AVE			Street Address 3 GREYSTONE AVE		
City N PROV	State RI	Zip 02911	City N PROV	State RI	Zip 02911
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative DAVID M BRUNO					Date 6/21/17
Signature of Officer/Authorized Representative <i>David M Bruno</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

FILED
JUN 21 2017
 BY 62306487