



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 1670162		2. Exact name of the Corporation Grenier Construction Co. Inc. of Shrewsbury			
3. Principal Office Address 787 Hartford Turnpike			City Shrewsbury	State MA	Zip 01545
4. NAICS Code 23 6115		6. Brief description of the character of business conducted in Rhode Island construction			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joseph Grenier			Vice-President Name		
Street Address 787 Hartford Turnpike			Street Address		
City Shrewsbury	State MA	Zip 01545	City	State	Zip
Secretary Name Katherine Grenier			Treasurer Name Matthew Grenier		
Street Address 787 Hartford Turnpike			Street Address 787 Hartford Turnpike		
City Shrewsbury	State MA	Zip 01545	City Shrewsbury	State MA	Zip 01545
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 500	CLASS/SERIES Common	PAR VALUE No Par Value	
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 Joseph Grenier					Date 2-21-18
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3340
Website: www.sos.ri.gov

FEB 26 2018

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FORM 630 - Revised: 10/2017