



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

FILED

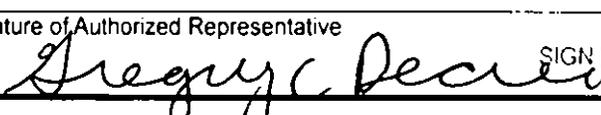
MAR 02 2018

BY 1670

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 88710		2. Exact name of the Corporation GRERIC REALTY, INC.			
3. Principal Office Address 763 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island To engage in the business of buying, leasing, or otherwise acquiring real estate.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory C. Beaune			Vice-President Name Gregory C. Beaune		
Street Address 763 Oaklawn Avenue			Street Address 763 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Gregory C. Beaune			Treasurer Name Gregory C. Beaune		
Street Address 763 Oaklawn Avenue			Street Address 763 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory C. Beaune			Director Name		
Street Address 763 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name Gregory C. Beaune			Director Name		
Street Address 763 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
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 Gregory C. Beaune, President				Date 2/24/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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