



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 12398		2. Exact name of the Corporation Greco Brothers Plating Supply Company			
3. Principal Office Address Greco Lane			City Providence	State RI	Zip 02909
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island manufacturing of plating, cleaning, and drying equipment			
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 Ralph M. Greco			Vice-President Name David H. Greco		
Street Address 95 Bramblebush Road			Street Address 194 Selma Street		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
Secretary Name David H. Greco			Treasurer Name David H. Greco		
Street Address 194 Selma Street			Street Address 194 Selma Street		
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 Ralph M. Greco			Director Name David H. Greco		
Street Address 95 Bramblebush Road			Street Address 184 Selma Street		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		Common	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 Ralph M. Greco					Date 2/28/18
Signature of Authorized Representative SIGN DOCUMENT HERE 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

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