



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.

STAMP

1. Entity ID Number 85032		2. Exact name of the Corporation THE GREENVILLE CORPORATION			
3. Principal Office Address 7 Richard Street			City Smithfield	State RI	Zip 02917
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island commercial and residential construction business			
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 Tyson G. Whitaker			Vice-President Name Robert Colaluca		
Street Address 7 Richard Street			Street Address 9 Wood Road		
City Smithfield	State RI	Zip 02917	City Chepachet	State RI	Zip 02814
Secretary Name Tyson G. Whitaker			Treasurer Name Tyson G. Whitaker		
Street Address 7 Richard Street			Street Address 7 Richard Street		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tyson G. Whitaker			Director Name		
Street Address 7 Richard Street			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
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		
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 Tyson G. Whitaker, President					Date 03/01/2018
Signature of Authorized Representative 					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

MAR 18 2018
BY 2989 DS
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