<b>(B)</b>	RI SOS Filing Number: 201883047010 State of Rhode Island and Providence Plantations  Department of State - Business Services D			<del></del>
Annual Corpor	Report for the year ation	: 2019	_	

Annual Report for the year:  Corporation	2019
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00	1
→ Penalty: Additional \$25.00 fee if for	rm is not filed by April 1.

Penalty: Additional \$25.00 to	se il form is not i	illed by April 1.					
1. Entity ID Number	2. Exact name	of the Corporation	1	<del></del>			
000011010	E95-	+ Greenu	ith (	Sil Co IV	<b>1</b> C.		
3. Principal Office Address	ı		City		State	Zip	
390 Main 59	<del> </del>		E9st(	reenwich	RI	02818	
4. NAICS Code	6. Brief descript	tion of the characte	r of business o	conducted in Rhode, Is		•	
454310	Reta	il houtin	goil :	sales/deli	sovy fo	pair, service	
5. State of Incorporation	in stall	ation of	Gil he	ting equip	o hi dulta u	d systems,	
7. List ALL officers (names and add	resses)	<del></del>		Check	the box to indic	cate an attachment	
President Name  Steplan A. de	Lisle		Vice-President Name				
Street Address Wanton Ship	opee 12d.		Street Addres	s		·	
Est Greenwich	State	Zip 07818	City		State	Zip	
Secretary Name	e		Treasurer Name				
Street Address Main S-	<u> </u>		Street Address				
Fist Greenwich	State RT	Zip 07818	City		State	Zip	
8. List ALL directors (names and ac	dresses)			- Check t	the box to indi	cate an attachment 🗔	
Director Name) Frederick J. T	Director Name						
Street Address US Highly	UG4 A92	Lot 2	Street Address	S			
Citlermont )	Saile FL	34714	City		State	Zip	
Director Name			Director Name		•		
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issue				cate an attachment	
This information is currently of reco	rd in the	NUMBER OF S	HARES			PAR VALUE	
Department of State.		160		No Par		0	
Changes require an additional filing.			10141				
11. This report must be executed or	n behalf of the co	rporation by an aut	horized repres	sentative. If the corpor	ration is in the	hands of a receiver or	
trustee, this report must be execute	ed on behalf of the	e corporation by the	e receiver or tr	rustee.			
Under penalty of perjury, I declar			•	ncluding any accom	panying sche	dules and	
statements, and that all statements Name of Authorized Representative		erein are true and	correct.	<del></del>	Date	· · · · · · · · · · · · · · · · · · ·	
Stephen A	· de Lis	le			12/	17/18	
Signature of Authorized Representa		1 : 1 : 1	41 T T F F F	. ==		11	
A A	11-11-	4		<u> </u>			
MAIL TO: ∫				· · · · · · · · · · · · · · · · · · ·	a /		

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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