



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

FILED

FEB 11 2019

BY 1344

Annual Report for the year: 2019 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 000122543		2. Exact name of the Corporation The Grenier Group, Inc.			
3. Principal Office Address 3 Cole Circle			City East Greenwich	State RI	Zip 02818
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Investment.			
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 Timothy Grenier			Vice-President Name		
Street Address 3 Cole Circle			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Timothy Grenier			Treasurer Name Timothy Grenier		
Street Address 3 Cole Circle			Street Address 3 Cole Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		100		COMMON	\$0.01
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. <i>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.</i>					
Name of Authorized Representative TIMOTHY GRENIER, PRESIDENT					Date 2/3/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE