

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 RECEIVED SECRETARY OF STATE CORPORATIONS DIV

STAMP

2019 FEB 12 PM 2: 41

Corporation → Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2 Exact name of	the Corporation					
	2. Exact name of the Corporation						
000033397 DJ GREENE HOM Dryn Stree 3. Principal Office Address 63 Prospect St Springton R. I 02806							
3. Principal Office Address	0 01		City	,	State	Zip	
63 Prosper	7C X		-SAR	sington	X.51	02806	
4. NAICS Code 6. Brief description of the character			of business conducted in Rhode Island				
236118							
5. State of Incorporation SI dire + windows							
5. State of Incorporation SI ding + windows							
K-+'							
7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name							
President Hame DAVED J GREENE			vice-rresident name				
Street Address 63 PaspectSt City BARRINGTON State Zip 02806			Street Address				
65 Paggets	%	Ta:			To: ·	Ta-	
City RAZZINALN	State	02806	City		State	Zip	
Secretary Name	<u> </u>	10 -	Treasurer Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
	State		J,		Joine		
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name Dire				Director Name			
Street Address			Street Address				
		T=:	_		-		
City	State	Zip	City		State	Zıp	
Director Name Director Name						-	
Street Address Str				Street Address			
out of the contract of the con				Sileet Address			
City	State	Zıp	City		State	Zıp	
<u> </u>					<u> </u>		
9. Shares Authorized 10. Shares Issue This information is currently of record in the		·					
This information is currently of record Department of State.	d in the			CLASS/SERIES	<u> </u>	PARVALUE	
l ·		600	Chos 6		₩	NO PAR	
Changes require an additional filing.						•	
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 Date							
DAVED J- GREWE 2/11/19							
Signature of Authorized Representative							
SIGN DOCUMENT SIGN DOCUMENT							

MAIL TO:

MAIL TO: (
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 1 2 2019 2:41

BY CA ED548

FORM 630 - Revised: 02/2017