



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

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.

**FILED**

**MAR 15 2019**

BY 10995 DS

1. Entity ID Number <b>12610</b>		2. Exact name of the Corporation <b>GREENE INDUSTRIES, INC.</b>			
3. Principal Office Address <b>65 ROCKY HOLLOW ROAD - PO BOX 66</b>			City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>321920</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURER AND DISTRIBUTOR OF PACKAGING MATERIALS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ROBERT ALLEN GREENE, II</b>			Vice-President Name <b>ALLISON H. MORRISON</b>		
Street Address <b>35 SPRING STREET</b>			Street Address <b>384 WEST ALLENTON ROAD</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>MARILYN R. GREENE</b>			Treasurer Name <b>ROBERT ALLEN GREENE</b>		
Street Address <b>PO BOX 137</b>			Street Address <b>PO BOX 137</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SHARON W. TETREULT</b>			Director Name <b>TODD A GREENE</b>		
Street Address <b>56 JAMAICA WAY</b>			Street Address <b>10 ROSEWOOD DRIVE</b>		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>MANSFIELD</b>	State <b>MA</b>	Zip <b>02048</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		PAR VALUE
			<b>2485</b>	<b>COMMON</b>	<b>NO PAR</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>ALLISON H MORRISON</b>					Date <b>3/12/19</b>
Signature of Authorized Representative <i>Allison H Morrison</i>					