State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 15 2019

BY 10995 RS

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	2. Exact name of the Corporation		
12610	GREENE INDUSTRIES, INC.		
3. Principal Office Address	City	State	Zip
65 ROCKY HOLLOW ROAD - PO BOX 66	EAST GREENWICH	RI	02818
4. NAICS Code: 321920	6. Brief description of the character of business conducted in Rhode Island: MANUFACTURER AND DISTRIBUTOR OF PACKAGING MATERIALS		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
ROBERT ALLEN GREENE, II	35 SPRING STREET	EAST GREENWICH	RI	02818

Vice-President Name	Street Address	City	State	Zip
ALLISON H. MORRISON	384 WEST ALLENTON ROAD	NORTH KINGSTOWN	RI	02852

Secretary Name	Street Address	City	State	Zip
MARILYN R. GREENE	PO BOX 137	EAST GREENWICH	RI	02818

Treasurer Name	Street Address	City	State	Zip
ROBERT ALLEN GREENE	PO BOX 137	EAST GREENWICH	RI	02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
SHARON W. TETREAULT	56 JAMAICA WAY	NORTH KINGSTOWN	RI	02852

Director Name	Street Address	City	State	Zip
TODD A GREENE	10 ROSEWOOD DRIVE	MANSFIELD	MA	02048

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2485	COMMON	NO PAR

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
ALLISON H MORRISON	3/12/19

Signature of Authorized Representative: Allison H Morrison SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017