



Department of State - Business Services Division

Annual Report for the year; 2019  
Corporation

SECRETARY OF STATE  
CORPORATIONS DIVISION

2019 MAY 28 PM 12:52

- 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 <b>000057665</b>		2. Exact name of the Corporation <b>GREENWICH INSULATION, INC.</b>			
3. Principal Office Address <b>75 SHARPE ST.</b>			City <b>W. GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>
4. NAICS Code <b>238310</b>		6. Brief description of the character of business conducted in Rhode Island <b>INSULATION WORK</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>ROBERT GRUTTADAURIA</b>			Vice-President Name <b>PATRICIA GRUTTADAURIA</b>		
Street Address <b>75 SHARPE ST</b>			Street Address <b>75 SHARPE ST</b>		
City <b>W GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>W GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name <b>PATRICIA GRUTTADAURIA</b>			Treasurer Name <b>ROBERT GRUTTADAURIA</b>		
Street Address <b>75 SHARPE ST</b>			Street Address <b>75 SHARPE ST</b>		
City <b>W GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>W GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>NO DIRECTOR</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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. <b>2,000 NO PAR VALUE</b> Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</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. <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 <b>PATRICIA GRUTTADAURIA</b>				Date <b>5-24-19</b>	
Signature of Authorized Representative <i>Patricia A. Gruttaduria</i>				SIGN DOCUMENT <b>FILED</b>	

MAY 28 2019  
BY CAJG  
A.A. 12:55 P.M.