



Department of State - Business Services Division

Annual Report for the year: Corporation

2018

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 MAY 28 PM 12:52

1. Entity ID Number 000057665		2. Exact name of the Corporation GREENWICH INSULATION INC.			
3. Principal Office Address 75 SHARPE ST.			City W. GREENWICH	State R I	Zip 02817
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island INSULATION WORK			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT GRUTTADOURIA			Vice President Name PATRICIA GRUTTADOURIA		
Street Address 75 SHARPE ST			Street Address 75 SHARPE ST		
City W. GREENWICH	State R I	Zip 02817	City W. GREENWICH	State R I	Zip 02817
Secretary Name PATRICIA GRUTTADOURIA			Treasurer Name ROBERT GRUTTADOURIA		
Street Address 75 SHARPE ST			Street Address 75 SHARPE ST		
City W. GREENWICH	State R I	Zip 02817	City W. GREENWICH	State R I	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 This information is currently of record in the Department of State. 2,000 NO PAR VALUE Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
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 PATRICIA GRUTTADOURIA				Date 5.24.19	
Signature of Authorized Representative Patricia Gruttadouria				SIGN DOCUMENT MAY 28 2019	