STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
98538	GRENCO, INC.			
3. Street Address Principal Business Office		City	State	Zip
35 RAYMOND POTTER LANE		EXETER	RI	02822-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			18

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS OF BUILDERS AND CONTRACTORS.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Scott Grenon			Michael Grenon		
Street Address			Street Address		
35 Raymond Potter Lane			35 Raymond Potter Lane		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Exeter	RI	02822
Secretary Name			**Treasurer Name**		
Todd Grenon			Scott Grenon		
Street Address			Street Address		
35 Raymond Potter Lane			35 Raymond Potter Lane		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Exeter	RI	02822

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Scott Grenon					
Street Address			Street Address		
35 Raymond Potter Lane					
City	State	Zip	City	State	Zip
Exeter	RI	02822			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	COMM NO PAR VALUE		100	common	n

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 98538

05 FEB 5 PM 3:

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.

1/18/05
Signature of Officer *Date*

Scott Grenon
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

98538 DBC 01/05/05 12:22:29 PM
File Date 2-15405
Check No. 5483
By: AMF
FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
98538	GRENCO, INC.			
3. Street Address Principal Business Office		City	State	Zip
35 Raymond Potter Lane		Exeter	RI	02822
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			18

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS OF BUILDERS AND CONTRACTORS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Scott Grenon			Michael Grenon		
Street Address			Street Address		
35 Raymond Potter Lane			35 Raymond Potter Lane		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Exeter	RI	02822
Secretary Name			Treasurer Name		
Todd Grenon			Scott Grenon		
Street Address			Street Address		
35 Raymond Potter Lane			35 Raymond Potter Lane		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Exeter	RI	02822

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Scott Grenon					
Street Address			Street Address		
35 Raymond Potter Lane					
City	State	Zip	City	State	Zip
Exeter	RI	02822			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 98538

98538 DBC 01/23/04 09:03:57 AM
File Date JAN 28 2004
Check No.
By: By M17458
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer 1/17/04 *Date*
Scott Grenon
Print or Type Name of Officer
[redacted] President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
98538	GRENCO, INC.

3. Street Address Principal Business Office	City	State	Zip
75 KING STREET	JOHNSTON	RI	02919

4. Business Phone No.	5. State of Incorporation	6. SIC Code
	RHODE ISLAND	18

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS OF BUILDERS AND CONTRACTORS.

8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Scott Grenon	Michael Grenon
Street Address	Street Address
75 King Street	75 King Street
City / State / Zip	City / State / Zip
Johnston / RI / 02919	Johnston / RI / 02919
Secretary Name	Treasurer Name
Todd Grenon	Scott Grenon
Street Address	Street Address
75 King Street	75 King Street
City / State / Zip	City / State / Zip
Johnston / RI / 02919	Johnston / RI / 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Scott Grenon	
Street Address	Street Address
75 King Street	
City / State / Zip	City / State / Zip
Johnston / RI / 02919	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED (X" BOX FOR ATTACHMENT) ☐ **11. SHARES ISSUED** (X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 COMM NO PAR VALUE			100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [barcode] [redacted]

* 9 8 5 3 8 *

"98538 DBC1/23/034:48:57 PM"
File Date 2-10-03
Check No. 4998
By: KMc
FOR SECRETARY OF STATE USE ONLY

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.

Scott Grenon — 2/10/03
Signature of Officer — *Date*

Scott Grenon
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98538
2. Name of Corporation: GRENCO, INC.
3. Street Address Principal Business Office: 75 King Street — City: Johnston — State: RI — Zip: 02919
4. Business Phone No.
5. State of Incorporation: Rhode Island
6. SIC Code: 0018
7. Brief Description of the Character of Business Conducted in Rhode Island: Building and contracting

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Scott Grenon	Vice President Name: Michael Grenon
Street Address: 75 King Street	Street Address: 75 King Street
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919
Secretary Name: Rodney Iannotti	Treasurer Name: Scott Grenon
Street Address: 75 King Street	Street Address: 75 King Street
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Scott Grenon	Director Name:
Street Address: 75 King Street	Street Address:
City: Johnston State: RI Zip: 02919	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 SHS	common	no par

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: 2/8/02
Check No.: 4751
By: JE

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Scott Grenon — 2/4/02
Signature of Officer — *Date*

Scott Grenon
Print or Type Name of Officer

[redacted] President

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of St
Corporations Divis
100 North Main Street, Providence, RI 02903-13
401-277-3(

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 98538
2. Name of Corporation: GRENCO, INC.
3. Street Address Principal Business Office: 75 King Street — City: Johnston — State: RI — Zip: 02919
4. Business Phone No.:
5. State of Incorporation: Rhode Island
6. SIC Code: 0018
7. Brief Description of the Character of Business Conducted in Rhode Island: Building and contracting

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: Scott Grenon	Vice President Name: Michael Grenon
Street Address: 75 King Street	Street Address: 75 King Street
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919
Secretary Name: Rodney Iannotti	Treasurer Name: Scott Grenon
Street Address: 75 King Street	Street Address: 75 King Street
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: Scott Grenon	Director Name:
Street Address: 75 King Street	Street Address:
City: Johnston State: RI Zip: 02919	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 SHS	common	no par

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trus

[redacted]

File Date: FILED
Check No.: FEB 28 2001
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct.

Signature of Officer — Date: 2/21/01

Scott Grenon
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of St
Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-222-3(

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE REAI
INSTRUCTION

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
98538	GRENCO, INC.		
3. Street Address Principal Business Office	City	State	Zip
75 King Street	Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation		6. SIC Code
	Rhode Island		0018

7. Brief Description of the Character of Business Conducted in Rhode Island
Building & Constracting

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Scott Grenon			Michael Grenon		
Street Address			Street Address		
75 King Street			75 King Street		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
Scott Grenon			Scott Grenon		
Street Address			Street Address		
75 King Street			75 King Street		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Scott Grenon					
Street Address			Street Address		
75 King Street					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600	common	no par

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.

Scott Grenon 1/11/00
Signature of Officer *Date*

Scott Grenon
Print or Type Name of Officer

President
Title of Officer

File Date: FILED

Check No.: JAN 18 2000

By: 3923

FOR SECRETARY OF STATE USE ONLY

[redacted]

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of St
Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE REA
INSTRUCTIO

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
	GRENCO, INC.			
3. Street Address Principal Business Office	City	State	Zip	
75 King Street	Johnston	RI	02919	
4. Business Phone No.	5. State of Incorporation		6. SIC Code	
	Rhode Island		0018	

7. Brief Description of the Character of Business Conducted in Rhode Island
Building & Contracting

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Scott Grenon	Michael Grenon
Street Address	Street Address
75 King Street	75 King Street
City / State / Zip	City / State / Zip
Johnston / RI / 02929	Johnston / RI / 02919
Secretary Name	**Treasurer Name**
Scott Grenon	Scott Grenon
Street Address	Street Address
75 King Street	75 King Street
City / State / Zip	City / State / Zip
Johnston / RI / 02929	Johnston / RI / 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Scott Grenon	
Street Address	Street Address
75 King Street	
City / State / Zip	City / State / Zip
Johnston / RI / 02919	
Director Name	**Director Name**
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
600	common	no par

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
100	common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust

[redacted]

File Date: Jan 28, 99

Check No.: 3430

By: JD.

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.

Signature of Officer — *Date* 1/22/99

Scott Grenon
Print or Type Name of Officer

President