



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

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Annual Report for the year: 2020
Corporation

2020 APR -3 A 8:50

- 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 <u>000070287</u>		2. Exact name of the Corporation <u>Greensale Vineyards, LTD</u>			
3. Principal Office Address <u>582 Wapping Rd</u>		City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>	
4. NAICS Code <u>115115</u>	6. Brief description of the character of business conducted in Rhode Island <u>Growing of grapes & producers of value added product - wine. Historic Preservation and the conservation of open space</u>				
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Nancy Parker Wilson</u>			Vice-President Name		
Street Address <u>582 Wapping Rd</u>			Street Address		
City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>	City	State	Zip
Secretary Name <u>Nancy Parker Wilson</u>			Treasurer Name		
Street Address <u>582 Wapping Rd</u>			Street Address		
City <u>Portsmouth</u>	State <u>RI</u>	Zip <u>02871</u>	City	State	Zip
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>0</u>		
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 <u>Nancy Parker Wilson</u>					Date <u>03/31/2020</u>
Signature of Authorized Representative <u>[Signature]</u>					FILED <u>m</u>

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

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BY Ch MY/W3D FORM 630 - Revised: 10/2017

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