	State of Rhode Office of the Secret		Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
HOPE	(401) 222-50	40	
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>001691839</u>			
2. Exact Name of the Limited Liability Company Greenbush Builders, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
the list of codes here. More information on NAICS can be found online.			
<u>236110</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
CONSTRUCTION OF RESIDENTIAL HOMES			
5. Principal Office Addre	SS		
No. and Street: 2289 FLAT RIVER ROAD			
City or Town: <u>COV</u>	<u>'ENTRY</u> Sta	ate: <u>RI</u> Zip: <u>02816</u> Coun	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>HENRY M SACCOCCIA</u> Contact Title: <u>CONTROLLER</u>			
	FLAT RIVER ROAD		
City or Town: <u>COVE</u>	<u>ENTRY</u> Sta	te: <u>RI</u> Zip: <u>02816</u> Cour	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
MANAGER MICHAEL T SACCOCCIA 2289 FLAT RIVER ROA COVENTRY, RI 02816 USA			

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL T. SACCOCCIA 2289 FLAT RIVER ROAD COVENTRY, RI 02816

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of October, 2020 at 11:29:26 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL T SACCOCCIA

Signature of Authorized Person

Form No. 632 Revised 09/07

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