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

Corporations Divisi
100 North Main Street, Providence, RI 02903-13
401-222-30

AMENDED

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
56098	D.A. Greene & Co. Inc			
3. Street Address Principal Business Office		City	State	Zip
744 Branch Ave		Providence	RI	02904
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-751-3663	Rhode Island			5520/5884
7. Brief Description of the Character of Business Conducted in Rhode Island				
Real estate/Property management/Development/Retail Sales 55A				

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

President Name			Vice President Name		
David Alan Reynolds			Joseph Bettarmi		
Street Address			Street Address		
83 Rockridge Rd			156 Oakland Ave #2		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Providence	RI	02908
Secretary Name			**Treasurer Name**		
N/A			N/A		
Street Address			**Street Address**		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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CORPORATIONS DIV.

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
6000	Common	0

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	common	0

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

[redacted]

File Date: 11/24/03

Check No.: —

By: [illegible]

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.

[signature] 11.20.03

Signature of Officer *Date*

David Reynolds

Print or Type Name of Officer

President

Title of Officer