



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

FEB 10 2021

Corporation

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

BY 205 OS

1. Entity ID Number 135043		2. Exact name of the Corporation Greg Knight, Inc.			
3. Principal Office Address 4 Water Way			City Barrington		State RI
					Zip 02806
4. NAICS Code 621399		6. Brief description of the character of business conducted in Rhode Island To engage in the business and providing service of rolling structural integration			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Greg Knight			Vice-President Name		
Street Address 4 Water Way			Street Address		
City Barrington		State RI	Zip 02806		
Secretary Name			Treasurer Name Greg Knight		
Street Address			Street Address		
City		State	Zip		
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City		State	Zip		
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip		
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					No Par
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.					
<b>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.</b>					
Name of Authorized Representative Greg Knight					Date 2/7/21
Signature of Authorized Representative 					