RI SOS Filing Number: 202192085230 Date: 2/18/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

Annual I	Report f	or the	year:	202	21
Carnara	4:00				

Corporation

→ 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	2. Exact name of the Corporation								
76742		Greystone Auto Center, Inc.							
3. Principal Office Address			City		State	Zip			
129 Waterman Avenue			North Prov	idence	RI	02911			
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island								
8111121	Auto repair								
5. State of Incorporation									
RI									
7. List ALL officers (names and a	ddresses)				the box to i	ndicate an attachment 🔲			
President Name Edward D. DeNuccio			Vice-President Name Donald D. DeNuccio						
Street Address 129 Waterman Avenue			Street Address 129 Waterman Avenue						
City North Providence	State RI	Zip 02911	City North Providence		State RI	<sup>Ζιρ</sup> 02911			
Secretary Name Edward D. DeNuccio			Treasurer Name Donald D. DeNuccio						
Street Address 129 Waterman Avenue			Street Address 129 Waterman Avenue						
City North Providence	State RI	Zip 02911	City North Providence		State RI	<sup>Zip</sup> 02911			
8. List ALL directors (names and	addresses)				the box to	ndicate an attachment 🔲			
Director Name			Director Name	e					
Street Address			Street Address						
City	State	Zip	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address						
City State		Zip	City		State	Zip			
Oity	State	ا کا ا	City		Otate				
9. Shares Authorized		10. Shares iss		Check the box to indicate an attachment					
This information is currently of record in the Department of State.		NUMBER O	F SHARES	CLASS/SERIES		PAR VALUE			
·		300	300			No Par			
Changes require an additional filin	y.								
11. This report must be executed trustee, this report must be execu					oration is in	the hands of a receiver or			
Under penalty of perjury, I dec	lare and affirm	that I have examin	ed this report,		mpanying s	chedules and			
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date									
Edward D. DeNuccio						2-2.21			
Signature of Authorized Represe	ntative	85420	CHMUNT HERE	<u> </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