



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000012610

**2. Name of Corporation** Greene Industries, Inc.

**3. Street Address Principal Business Office:**

No. and Street: PO BOX 66  
City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA

**4. Business Phone No.**

4018847530

**5. State of Incorporation**

State: RI

**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.

321920

**6. Brief Description of the Character of Business Conducted in Rhode Island**

MANUFACTURER AND DISTRIBUTOR OF PACKAGING MATERIALS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT ALLEN GREENE II	35 SPRING STREET EAST GREENWICH, RI 02818 USA

TREASURER	ALLISON H. MORRISON	384 WEST ALLENTON ROAD NORTH KINGSTOWN, RI 02852 USA
SECRETARY	MARILYN R GREENE	PO BOX 137 EAST GREENWICH, RI 02818 USA
VICE PRESIDENT	ALLISON H. MORRISON	384 WEST ALLENTON ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SHARON W. TETREALT	56 JAMAICA WAY NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	TODD A. GREENE	10 ROSEWOOD DRIVE MANSFIELD, MA 02048 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	5,000.00	2485

**9. 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.**

**Signed this 10 Day of March, 2021 at 5:48:33 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ALLISON H. MORRISON  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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