RI SOS Filing Number: 202194892700 Date: 3/23/2021 4:00:00 PM

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State of Rhode Island

## Department of State - Business Services Division

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Annual Report for the year: 2021 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25	.00 fee if form is no	t filed by April 1.						
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation						
12369	Greatrex Cor	Greatrex Corporation						
Principal Office Address	City	State		Zip				
205 Barbs Hill Road			Greene	RI		02827		
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island						
555112		To engage in the business of acquiring equity interest in corporations and making investments in other						
5. State of Incorporation	business opp	business opportunity.						
Rhode Island		<b> </b>						
7. List ALL officers (names an	d addresses)				the box to ir	ndicate an attachment		
President Name Victoria Brow	Vice-President Name Pamcla J. Diehl							
Street Address 205 Barbs Hill	Street Address 10 Saddlerock Road							
City Greene	State RI	<sup>Zip</sup> 02827	City West Greenwich		State RI	Zip 02827		
Secretary Name Pamela J. Diehl			Treasurer Name Victoria Brown					
Street Address 10 Saddlerock Road			Street Address 205 Barbs Hill Road					
City West Greenwich	State RI	Zip 02827	City Greene		State RI	Zip 02827		
8. List ALL directors (names a	ind addresses)				the box to it	ndicate an attachment 🔲		
Director Name Victoria Brown				Director Name Pamela J. Diehl				
Street Address 205 Barbs Hill Road			Street Address 10 Saddlerock Road					
City Greene	State RI	Zip 02827	City West Greenwich		State RI	Zip 02827		
Director Name	Director Name	Director Name						
Street Address	Street Address							
City	State	Zıp	City		State	Zip .		
9. Shares Authorized			10. Shares Issued			ndicate an attachment 🔲		
This information is currently of record in the Department of State.  Changes require an additional filing.		NU¥BER O	F SHARES	CLASS/SERIES		PAR VALUE		
		13		Class A		\$0.00		
		67		Class B		\$0.00		
11. This report must be execu		•	-	·	oration is in t	the hands of a receiver or		
trustee, this report must be ex Under penalty of perjury, I of					mpanying s	chedules and		
statements, and that all statements and that all statements. Name of Authorized Representations	tements contained				Date	_		
Stephanie J. Blue, Authorized Representative  3.15.21								
Signature of Authorized Repr	esentative /				1			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov