State of Rhode Island

Department of State - Business Services Division

MAR 23 2021

W 8382

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 not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
12369	Greatrex Corporation

3. Principal Office Address	City	State	Zip
205 Barbs Hill Road	Greene	RI	02827

4. NAICS Code	6. 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 business opportunity.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Victoria Brown	205 Barbs Hill Road	Greene	RI	02827

Vice-President Name	Street Address	City	State	Zip
Pamela J. Diehl	10 Saddlerock Road	West Greenwich	RI	02827

Secretary Name	Street Address	City	State	Zip
Pamela J. Diehl	10 Saddlerock Road	West Greenwich	RI	02827

Treasurer Name	Street Address	City	State	Zip
Victoria Brown	205 Barbs Hill Road	Greene	RI	02827

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Victoria Brown	205 Barbs Hill Road	Greene	RI	02827
Pamela J. Diehl	10 Saddlerock Road	West Greenwich	RI	02827

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
13	Class A	$0.00
67	Class B	$0.00

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.

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.

Name of Authorized Representative	Date
Stephanie J. Blue, Authorized Representative	3.15.21

Signature of Authorized Representative

MAIL TO:
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Website: www.sos.ri.gov