



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

FILED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 JAN 12 PM 1:27

1. Entity ID Number 000035067		2. Exact name of the Corporation Greenville Insulation Co., Inc.			
3. Principal Office Address 305 Putnam Pike		City Smithfield	State RI	Zip 02917	
4. NAICS Code 238310	6. Brief description of the character of business conducted in Rhode Island Furnish and install fiberglass or cellulose insulation in new/existing residences and commercial use buildings.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony J Gargaro Sr.			Vice-President Name		
Street Address 6 Eastward Drive			Street Address n/a		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name			Treasurer Name		
Street Address n/a			Street Address n/a		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anthony J Gargaro Sr.			Director Name		
Street Address 6 Eastward Drive			Street Address n/a		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address n/a			Street Address n/a		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. n/a Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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 Lindsay A Blouin				Date 1/10/2023	
Signature of Authorized Representative <i>Lindsay A Blouin</i>				FILED	
				JAN 12 2023	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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