



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

2023 JAN 12 PM 1:27

1. Entity ID Number <b>000035067</b>		2. Exact name of the Corporation <b>Greenville Insulation Co., Inc.</b>			
3. Principal Office Address <b>305 Putnam Pike</b>		City <b>Smithfield</b>		State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>238310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Furnish and install fiberglass or cellulose insulation in new/existing residences and commercial use buildings.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Anthony J Gargaro Sr.</b>			Vice-President Name		
Street Address <b>6 Eastward Drive</b>			Street Address <b>n/a</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address <b>n/a</b>			Street Address <b>n/a</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Anthony J Gargaro Sr.</b>			Director Name		
Street Address <b>6 Eastward Drive</b>			Street Address <b>n/a</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Director Name			Director Name		
Street Address <b>n/a</b>			Street Address <b>n/a</b>		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. <b>n/a</b> Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		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 <b>Lindsay A Blouin</b>				Date <b>11/10/2023</b>	
Signature of Authorized Representative <b>Lindsay A Blouin</b>				<b>FILED</b>	
				<b>JAN 12 2023</b>	

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

BY FILED

1:2801

FORM 630 - Revised: 11/2021