



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year;
Corporation2023

FILED

FEB 06 2023

BY

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- 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 <u>000057665</u> | | 2. Exact name of the Corporation <u>GREENWICH INSULATION, INC.</u> | |
| 3. Principal Office Address <u>75 SHARPE ST.</u> | | City <u>W. GREENWICH</u> | State <u>RI</u> |
| | | Zip <u>02817</u> | |
| 4. NAICS Code <u>238310</u> | 6. Brief description of the character of business conducted in Rhode Island <u>INSULATION WORK</u> | | |
| 5. State of Incorporation <u>RI</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>ROBERT GRUTTADAURIA</u> | | Vice-President Name <u>PATRICIA GRUTTADAURIA</u> | |
| Street Address <u>75 SHARPE ST</u> | | Street Address <u>75 SHARPE ST</u> | |
| City <u>W GREENWICH</u> | State <u>RI</u> | City <u>W GREENWICH</u> | State <u>RI</u> |
| Zip <u>02817</u> | | Zip <u>02817</u> | |
| Secretary Name <u>PATRICIA GRUTTADAURIA</u> | | Treasurer Name <u>ROBERT GRUTTADAURIA</u> | |
| Street Address <u>75 SHARPE ST</u> | | Street Address <u>75 SHARPE ST</u> | |
| City <u>W GREENWICH</u> | State <u>RI</u> | City <u>W GREENWICH</u> | State <u>RI</u> |
| Zip <u>02817</u> | | Zip <u>02817</u> | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name <u>NO DIRECTOR</u> | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. Shares Authorized This information is currently of record in the Department of State. <u>2,000 NO PAR VALUE</u> Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| | | NUMBER OF SHARES <u>100</u> | CLASS/SERIES <u>COMMON</u> |
| | | PAR VALUE <u>NO PAR VALUE</u> | |
| 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 <u>PATRICIA GRUTTADAURIA</u> | | Date <u>1/17/23</u> | |
| Signature of Authorized Representative <u>Patricia Gruttaduria</u> | | | |