



RI SOS Filing Number: 202328705780 Date: 2/14/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

FILED **STAMP**

FEB 14 2023

BY 17023
DS

1. Entity ID Number 76742		2. Exact name of the Corporation Greystone Auto Center, Inc.												
3. Principal Office Address 129 Waterman Avenue			City North Providence	State RI	Zip 02911									
4. NAICS Code 81112\		6. Brief description of the character of business conducted in Rhode Island Auto body repair												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Edward D. DeNuccio			Vice-President Name Donald D. DeNuccio											
Street Address 129 Waterman Avenue			Street Address 129 Waterman Avenue											
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911									
Secretary Name Edward D. DeNuccio			Treasurer Name Donald D. DeNuccio											
Street Address 129 Waterman Avenue			Street Address 129 Waterman Avenue											
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
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. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">300</td> <td style="text-align:center;">Common</td> <td style="text-align:center;">No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	No Par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
300	Common	No Par												
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 Edward D. DeNuccio				Date 2-3-23										
Signature of Authorized Representative 														