



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED STAMP

FEB 14 2023

BY 17023

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

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.		NUMBER OF SHARES		CLASS/SERIES	
		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. <i>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.</i>					
Name of Authorized Representative Edward D. DeNuccio				Date 2-3-23	
Signature of Authorized Representative 					

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