State		
Dep		

Corporation

of Rhode Island

## partment of State - Business Services Division

Department of State	Dusiliess Services Division
Annual Report for the year:	2023
•	2020

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED ?

FEB 1 4 2023

— Penalty: Additional \$25,00 fe	e ii ioiiii is not ii 	ied by iviay \$1.			BĀ_	1 1000	
1. Entity ID Number 80 395	2. Exact name of the Corporation GREYSTONE MOTORS, INC.						
3. Principal Office Address			City		State	Zip	
129 Waterman Avenue			North Pro	ovidence	RI	02911	
4. NAICS Code	6. Brief description	on of the character	of business c	onducted in Rhode Is	land	•	
45,128 441120	Auto Sales						
5. State of Incorporation							
RI							
7. List ALL officers (names and add	resses)	_		Check t	he box to inc	dicate an attachment	
President Name Donald D. DeN							
	Waterman Avenue Street Address 129 Waterma				Avenue		
<sup>City</sup> North Providence	State RI	<sup>Zip</sup> 02911	City North Providence		State RI	<sup>Zip</sup> 02911	
Secretary Name Donald D. DeN	luccio Treasurer Name Edward D. Del			Nuccio			
Street Address 129 Waterman	Avenue Street Address 129 Waterman			129 Waterman	1 Avenue		
<sup>City</sup> North Providence	State RI	<sup>Z<sub>1</sub>p</sup> 02911	City North Providence		State RI	<sup>Zip</sup> 02911	
8. List ALL directors (names and ad	ldresses)			Check t	ne box to inc	dicate an attachment	
Director Name			Director Name				
Street Address S			Street Address				
City	State	Zip	City		State	Zip	
Director Name Dire			Director Name	Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	d		he box to inc	dicate an attachment	
This information is currently of record Department of State.	'd in the	· · · · · - · - · · - ·		CLASS/SERIES			
Changes require an additional filing.		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							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov