



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.

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUSINESS SERVICES DIVISION

2023 APR - 7 AM '23

1. Entity ID Number <b>88710</b>		2. Exact name of the Corporation <b>GRERIC REALTY, INC.</b>	
3. Principal Office Address <b>763 Oaklawn Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02920</b>	
4. NAICS Code <b>531120</b>	6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of buying, leasing, or otherwise acquiring real estate.</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>Gregory C. Beaune</b>		Vice-President Name <b>Gregory C. Beaune</b>	
Street Address <b>763 Oaklawn Avenue</b>		Street Address <b>763 Oaklawn Avenue</b>	
City <b>Cranston</b>	State <b>RI</b>	City	State
	Zip <b>02920</b>		Zip
Secretary Name <b>Gregory C. Beaune</b>		Treasurer Name <b>Gregory C. Beaune</b>	
Street Address <b>763 Oaklawn Avenue</b>		Street Address <b>763 Oaklawn Avenue</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
	Zip <b>02920</b>		Zip <b>02920</b>
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>Gregory C. Beaune</b>		Director Name	
Street Address <b>763 Oaklawn Avenue</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
	Zip <b>02920</b>		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>100</b>	<b>Common</b>
			<b>No Par</b>
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.			
<b>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.</b>			
Name of Authorized Representative <b>Gregory C. Beaune</b>			Date <b>3/30/23</b>
Signature of Authorized Representative <i>Gregory C Beaune</i>			

FILED

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 07 2023

BY ML 29223

FORM 630 - Revised: 2/2023