

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**

APR 14 2023  
 BY 164050  
102

1. Entity ID Number <u>001701350</u>		2. Exact name of the Corporation GRIFFIN GREENHOUSE SUPPLIES, INC.			
3. Principal Office Address 1619 MAIN STREET			City TEWKSBURY	State MA	Zip 01876
4. NAICS Code 424500		6. Brief description of the character of business conducted in Rhode Island NURSERY SUPPLIES			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name RICHARD T. HYSLIP			Vice-President Name CRAIG S. HYSLIP		
Street Address 688 ANDOVER STREET			Street Address 288 WATER STREET		
City LOWELL	State MA	Zip 01852	City NEWBURYPORT	State MA	Zip 01950
Secretary Name KENNETH M. HYSLIP JR.			Treasurer Name		
Street Address 22 MUIRFIELD CIRCLE			Street Address		
City ANDOVER	State MA	Zip 01810	City	State	Zip
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		STMT 1	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		138		CLASS A	
				PAR VALUE	
				0	
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 <u>[Signature]</u>					Date 04-07-23
Signature of Authorized Representative RICHARD T. HYSLIP					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov