RI SOS Filing Number: 202333896020 Date: 4/25/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation

APR 25 2023 8592 02

→ 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	2. Exact nam	2. Exact name of the Corporation						
12369		Greatrex Corporation						
3. Principal Office Address			City		State	Zip		
205 Barbs Hill Road	205 Barbs Hill Road				RI	02827		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
555112	To engar	To engage in the business of acquiring equity interest in corporations and						
5. State of Incorporation	making in	making investments in other business opportunity.						
Rhode Island	<u> </u>		<u> </u>					
7. List ALL officers (names and	d addresses)		Is ex-	Check	the box to in	ndicate an attachment 🗀		
President Name Victoria Brown			Vice-President Name Pamela J. Diehl					
Street Address 205 Barbs Hill Road			Street Address	Street Address 10 Saddlerock Road				
^{City} Greene	State RI	^{Zip} 02827				State RI Zip 02817		
Secretary Name Pamela J. I				Treasurer Name Victoria Brown				
Street Address 10 Saddlerock Road		Street Address 205 Barbs Hill Road						
^{City} Greene	State RI	^{Zip} 02817			State RI	^{Z_{ip}} 02827		
8. List ALL directors (names a	ind addresses)			Check	the box to ir	ndicate an attachment		
Director Name Victoria Brown		Director Name Pamela J. Diehl						
Street Address 205 Barbs Hill Road			Street Address 10 Saddlerock Road					
^{City} Greene	State RI	^{Zip} 02827	City West (Greenwich	State RI	^{Zip} 02817		
Director Name				Director Name				
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issi	sued Check the box to indicate an attachment					
This information is currently of Department of State.	record in the	NUMBER OF	SHARES	Class/series	S	\$0.00		
Changes require an additional filing.		67			Class B \$0.0			
1		authorized repres	orized representative. If the corporation is in the hands of a receiver or					
trustee, this report must be ex Under penalty of perjury, I d					lag c	-b-dulan and		
statements, and that all stat				ncluding any accom				
Name of Authorized Representative								
Stephanie J. Blue, Authorized Representative						15.23		
Signature of Authorized Repre								

MAIL TO:

Division of Business Services

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

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

FORM 630 - Revised: 2/2023