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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

APR 2 5 2023

859202

→ 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		Greene		RI	02827			
4. NAICS Code	1	Brief description of the character of business conducted in Rhode Island						
555112	To engag	To engage in the business of acquiring equity interest in corporations and						
5. State of Incorporation Rhode Island	making ir	ivestments in c	other busines	s opportunity.				
7. List ALL officers (names ar	nd addresses)	·		Chec	k the box to i	ndicate an attachment 🗀		
President Name Victoria Brown			Vice-President Name Pamela J. Diehl					
Street Address 205 Barbs Hill Road			Street Address 10 Saddlerock Road					
^{City} Greene	State RI	^{Zip} 02827	City West C	West Greenwich		^{Z:p} 02817		
Secretary Name Pamela J. Diehl			Treasurer Name Victoria Brown					
Street Address 10 Saddlerock Road		Street Address 205 Barbs Hill Road						
^{City} Greene	State RI	^{Zip} 02817	Chi		State RI	^{Z/p} 02827		
8. List ALL directors (names	and addresses)	,		Chec	k the box to	indicate an attachment 🗀		
Director Name Victoria Bro	own		Director Name	Pamela J. Die	ehl			
Street Address 205 Barbs Hill Road			Street Address 10 Saddlerock Road					
^{City} Greene	State RI	^{Zip} 02827	City West C	est Greenwich		I Zip 02817		
Director Name	•		Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	neq	Chec	k the box to	indicate an attachment		
This information is currently of record in the		NUMBER OF			UES			
Changes require an additional filing.		13		Class A		\$0.00		
		67		Class B		\$0.00		
11. This report must be executed the second must be executed to the second must be executed t					poration is in	the hands of a receiver or		
trustee, this report must be e Under penalty of perjury, I statements, and that all sta	declare and affirm (hat I have examin	ed this report, in	ncluding any acco	ompanying s	chedules and		
Name of Authorized Represe		nerem are true an	<u>o con ect.</u>		Date,			
Stephanie J. Blue, Authorized Representative					1 4.	14.15.23		
Signature of Authorized Repr	resentative							

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