



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

| | | | | | |
|---|---|--|--|--|----------------------------|
| 1. Entity ID Number 001673225 | | 2. Exact name of the Corporation GREENMED PROS, INC. | | 2023 OCT 17 P 12:38 | |
| 3. Principal Office Address 42 WALNUT STREET | | City WARWICK | State RI | Zip 02888 | |
| 4. NAICS Code 111900 | 6. Brief description of the character of business conducted in Rhode Island Cannabis Grower | | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name GEORGE TRIMARCHE | | | Vice-President Name TIMOTHY ARNOLD | | |
| Street Address 9 PIERSON ROAD | | | Street Address 33 HAZARD AVE | | |
| City MORGANVILLE | State NJ | Zip 07751 | City EAST PROVIDENCE | State RI | Zip 02914 |
| Secretary Name NICHOLAS TRIMARCHE | | | Treasurer Name | | |
| Street Address 782 PRINCETON AVENUE | | | Street Address | | |
| City BRICK | State NJ | Zip 08724 | 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 1000 | | 10. Shares Issued 100 | | Check the box to indicate an attachment <input type="checkbox"/> | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES 1000 | | CLASS/SERIES CNP | PAR VALUE 0.0000 |
| Changes require an additional filing. | | | | | |
| 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 X GEORGE TRIMARCHE | | | | Date 10/17/23 | |
| Signature of Authorized Representative X | | | | 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

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FORM 630- Revised: 04/2023