



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024  
Corporation

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R.I. DEPT. OF STATE  
BUS SVCS DIV

- 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 <b>001673225</b>	2. Exact name of the Corporation <b>GREENMED PROS, INC.</b>
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3. Principal Office Address <b>42 WALNUT STREET</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
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4. NAICS Code <b>111900</b>	6. Brief description of the character of business conducted in Rhode Island <b>Cannabis Grower</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>GEORGE TRIMARCHE</b>			Vice-President Name <b>TIMOTHY ARNOLD</b>		
Street Address <b>9 PIERSON ROAD</b>			Street Address <b>33 HAZARD AVE</b>		
City <b>MORGANVILLE</b>	State <b>NJ</b>	Zip <b>07751</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>NICHOLAS TRIMARCHE</b>			Treasurer Name		
Street Address <b>782 PRINCETON AVENUE</b>			Street Address		
City <b>BRICK</b>	State <b>NJ</b>	Zip <b>08724</b>	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>1000</b>	10. Shares Issued <b>100</b>	Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES
	<b>1000</b>	<b>CNP</b>
		PAR VALUE
		<b>0.0000</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.

**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 <b>X GEORGE TRIMARCHE</b>	Date <b>10/17/23</b>
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Signature of Authorized Representative <b>X</b>	<b>FILED</b>
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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**OCT 17 2023**  
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FORM 630- Revised: 04/2023