



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 001673225		2. Exact name of the Corporation GREENMED PROS, INC.		
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
Secretary Name NICHOLAS TRIMARCHE		Treasurer Name		
Street Address 782 PRINCETON AVENUE		Street Address		
City BRICK	State NJ	Zip 08724	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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. Changes require an additional filing.		NUMBER OF SHARES		
		CLASS/SERIES		
		PAR VALUE		
		1000		
		CNP		
		0.0000		
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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