



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

2023 OCT 17 P 12:31

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 AVENUE		
City MORGANVILLE	State NJ	Zip 07751	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name NICHOLAS TRIMARCHE			Treasurer Name		
Street Address 782 PRINCETON AVE.			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. Changes require an additional filing.		NUMBER OF SHARES 1000		CLASS/SERIES CNP	PAR VALUE 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. <i>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.</i>					
Name of Authorized Representative 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

OCT 17 2023
BY 532BD
JK

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