



State of Rhode Island  
Department of State - Business Services Division

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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.

1. Entity ID Number <b>33803</b>		2. Exact name of the Corporation <b>Greenville Realty, Inc.</b>			
3. Principal Office Address <b>469 Angell St Suite 2</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>531120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real estate</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Charles T. Cove</b>			Vice-President Name		
Street Address <b>PO Box 29</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>MARC B. GERTSACOV</b>			Treasurer Name		
Street Address <b>469 Angell St Suite 2</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	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		10. Shares Issued			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	
		<b>500</b>	<b>CNP</b>	<b>0</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. <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 <b>MARC B. GERTSACOV</b>				Date <b>2/14/24</b>	
Signature of Authorized Representative 				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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BY 702HK **KG**