



State of Rhode Island
Department of State - Business Services Division

FILED

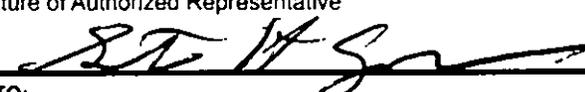
FEB 14 2024 1P

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.

BY 19460
DS

1. Entity ID Number 75391		2. Exact name of the Corporation Grenier Construction Co., Inc.			
3. Principal Office Address 1645 Stony Lane			City North Kingtown	State RI	Zip 02852
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen H. Grenier			Vice-President Name None		
Street Address 1645 Stony Lane			Street Address		
City North Kingtown	State RI	Zip 02852	City	State	Zip
Secretary Name Stephen H. Grenier			Treasurer Name Stephen H. Grenier		
Street Address 1645 Stony Lane			Street Address 1645 Stony Lane		
City North Kingtown	State RI	Zip 02852	City North Kingtown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen H. Grenier			Director Name		
Street Address 1645 Stony Lane			Street Address		
City North Kingtown	State RI	Zip 02852	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
		100		Common	no par value
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 Stephen H. Grenier					Date 2/20/24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov