



**State of Rhode Island  
Department of State - Business Services Division**

**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.

MAR 04 2024

13129

1. Entity ID Number <b>035067</b>		2. Exact name of the Corporation <b>GREENVILLE INSULATION INC</b>		
3. Principal Office Address <b>305 PUTNAM PIKE</b>		City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>230310</b>	6. Brief description of the character of business conducted in Rhode Island <b>INSTALL INSULATION</b>			
5. State of Incorporation <b>R.I. 7/3/85</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>ANTHONY J GARGARO</b>		Vice-President Name		
Street Address <b>6 EASTWARD DRIVE</b>		Street Address		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State
Secretary Name <b>ANTHONY J GARGARO</b>		Treasurer Name <b>ANTHONY J GARGARO</b>		
Street Address <b>6 EASTWARD DRIVE</b>		Street Address <b>6 EASTWARD DRIVE</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>ANTHONY J GARGARO</b>		Director Name		
Street Address <b>6 EASTWARD DRIVE</b>		Street Address		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	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. <b>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.</b>				
Name of Authorized Representative <b>ANTHONY J GARGARO</b>			Date <b>2/10/24</b>	
Signature of Authorized Representative 				