



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

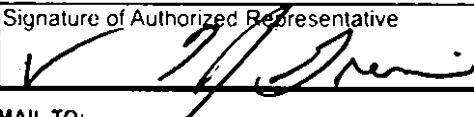
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 19 2024

BY 111360

1. Entity ID Number 000122543		2. Exact name of the Corporation The Grenier Group, Inc.	
3. Principal Office Address 3 Cole Circle		City East Greenwich	State RI
		Zip 02818	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Timothy Grenier		Vice-President Name	
Street Address 3 Cole Circle		Street Address	
City East Greenwich	State RI	Zip 02818	
Secretary Name Timothy Genier		Treasurer Name Timothy Grenier	
Street Address 3 Cole Circle		Street Address 3 Cole Circle	
City East Greenwich	State RI	Zip 02818	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	PAR VALUE COMMON \$0.01
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 TIMOTHY GRENIER, PRESIDENT		Date 12/31/2023	
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

FORM 630 - Revised: 11/2021