



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

FEB 13 2025 STAMP
BY 2013

1. Entity ID Number 75391		2. Exact name of the Corporation Grenier Construction Co., Inc.			
3. Principal Office Address 1645 Stony Lane			City North Kingstown	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 ☐					
President Name Stephen H. Grenier			Vice-President Name		
Street Address 1645 Stony Lane			Street Address		
City North Kingstown	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 Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Stephen H. Grenier			Director Name		
Street Address 1645 Stony Lane			Street Address		
City North Kingstown	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 1/30/25
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov