



State of Rhode Island

## Department of State - Business Services Division

FIELD

Annual Report for the year: 2025  
Corporation

FEB 18 2025

BY 17911

→ 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>80395</b>		2. Exact name of the Corporation <b>GREYSTONE MOTORS, INC.</b>			
3. Principal Office Address <b>129 Waterman Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>441120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Auto Sales</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>Donald D. DeNuccio</b>			Vice-President Name <b>Edward D. DeNuccio</b>		
Street Address <b>129 Waterman Avenue</b>			Street Address <b>129 Waterman Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Donald D. DeNuccio</b>			Treasurer Name <b>Edward D. DeNuccio</b>		
Street Address <b>129 Waterman Avenue</b>			Street Address <b>129 Waterman Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <b>300</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par</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.					
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 <b>Edward D. DeNuccio</b>					Date <b>1-30-25</b>
Signature of Authorized Representative 					

MAIL TO:  
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