



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.

FILED

JUN 02 2025

BY

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RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.

1. Entity ID Number 12369		2. Exact name of the Corporation Greatrex Corporation		2025 JUN -2 P 4: 09	
3. Principal Office Address 205 Barbs Hill Road		City Greene	State RI	Zip 02827	
4. NAICS Code 555112	6. Brief description of the character of business conducted in Rhode Island To engage in the business of acquiring equity interest in corporations and making investments in other business opportunity.				
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 Victoria Brown		Vice-President Name Pamela J. Diehl			
Street Address 205 Barbs Hill Road		Street Address 10 Saddlerock Road			
City Greene	State RI	Zip 02827	City West Greenwich	State RI	Zip 02817
Secretary Name Pamela J. Diehl		Treasurer Name Victoria Brown			
Street Address 10 Saddlerock Road		Street Address 205 Barbs Hill Road			
City West Greenwich	State RI	Zip 02817	City Greene	State RI	Zip 02827
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Victoria Brown		Director Name Pamela J. Diehl			
Street Address 205 Barbs Hill Road		Street Address 10 Saddlerock Road			
City Greene	State RI	Zip 02827	City West Greenwich	State RI	Zip 02817
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	CLASS/SERIES	PAR VALUE	
		13	Class A	\$0.00	
		67	Class B	\$0.00	
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 Stephanie J. Blue, Authorized Representative					Date
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.n.gov