

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20 \\
Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e5d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No		2. Name of Corporation				
136649	THE GR	EEUWICH !	SALES CORP.	State	Zip	
5809 C TRIANGLE DRIVE			RALEIGH	NC	27612	
4. Business Phone No.		5. State of Incorporation		<del></del>		
6. Brief Description of the Character of Business Conducted in Rhode Island						
SALES OF TO	コレミナスノビン		,			
7. NAMES AND ADDRESS	SES OF THE OFFICERS	: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS	
THEODORE K. HUNTWORK			ANNE E. TORRES			
Street Address			Street Address			
	FILL POND	ROAD	5809 < TA	State D	700	
RALEIGH	NC	27613	RALFIGH	NC	27612	
Secretary Name	1 7 2		Treasurer Name	J 4	.>	
Street Address	1 DEL J	esto	Street Address	O. TIUDIC	NORK	
49 WEYBOSSET ST.			2520 LONGWOOD DRIVE			
City	State	02903	Cuy	State	27612	
PADVIDENCE			EKALEIGH achment) □ fill in sp	ACES BEFORE USING A	i - '	
B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Director Name						
Street Address			Street Address			
City	State	Zip	City	State		
			- Director Name		<b>.1</b>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	: Cuy	State		
ا مربه		, '			<b>1</b>	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
•			ISSUED SHARES — THIS SECTION  Number of Shares	N MUST BE COMPLETED  Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				CHASE SELIES	11 0 11	
			69	Comon	NO PAR VALUE	
		and the second second	d and a second second		<u> </u>	
This report must be executive this report must be execution.	ated on behalf of the co ated on behalf of the nor	rporation by an authorize poration by the receiver	ed representative. If the corp or trustee.	pration is in the hands o	or a receiver of trustee,	
mis report must be exect		, , , , , , , , , , , , , , , , , , , ,				
West and the second					t I have examined this repor	
	٦		including any accompanying schedules and statements, and that all statements contained beging are true and correct.			
TIL			Komold WDel Senta			
File Date			Signature Date			
Check No. MAR 29 2011 RONALD W. DEL SES					ESTO	
a.	141162		Print or Type Name			
By:	TO THE LOCATION		SECRET	ARY		
ROWN BURNEY	OF STATE USE ONLY		Title		Form 630 Rev. 08/08	
					one mer manue	