



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB 10 P 1:33

| | | | |
|---|---|---|-------------------------|
| 1. Entity ID Number 000039274 | | 2. Exact name of the Corporation Greene Construction, Inc. | |
| 3. Principal Office Address 1414 Atwood Avenue | | City Johnston | State RI |
| | | Zip 02919 | |
| 4. NAICS Code 263200 | 6. Brief description of the character of business conducted in Rhode Island General Contracting | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Kelly M. Coates | | Vice-President Name Sheryl Carpionato | |
| Street Address 1414 Atwood Avenue | | Street Address 1414 Atwood Avenue | |
| City Johnston | State RI | Zip 02919 | City Johnston |
| | | | State RI |
| | | | Zip 02919 |
| Secretary Name Angelo Marocco, Esq | | Treasurer Name Kelly M. Coates | |
| Street Address 1200 Reservoir Avenue | | Street Address 1414 Atwood Avenue | |
| City Cranston | State RI | Zip 02920 | City Johnston |
| | | | State RI |
| | | | Zip 02919 |
| 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 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. | | NUMBER OF SHARES | CLASS/SERIES |
| | | 1000 | Comon |
| | | | PAR VALUE |
| | | | No Par Value |
| <p>* 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.</p> <p>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.</p> | | | |
| Name of Authorized Representative Kelly Coates | | Date 1/30/2023 | |
| Signature of Authorized Representative <i>Kelly M. Coates, President</i> | | <p style="text-align: right;">FILED 1/30</p> <p style="text-align: right;">BY <u>GA ZVK</u></p> | |

FEB 10 2023
BY GA ZVK