



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2023**

**Corporation**

- 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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BY 1559  
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1. Entity ID Number <b>000019421</b>		2. Exact name of the Corporation <b>THE INDIAN RIVER COMPANY</b>			
3. Principal Office Address <b>PO BOX 24</b>		City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	
4. NAICS Code <b>531120</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL INVESTMENT AND REAL ESTATE</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARILYN R. GREENE</b>		Vice-President Name			
Street Address <b>PO BOX 137</b>		Street Address			
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>ALLISON H. MORRISON</b>		Treasurer Name <b>ALLISON H. MORRISON</b>			
Street Address <b>384 WEST ALLENTON ROAD</b>		Street Address <b>384 WEST ALLENTON ROAD</b>			
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SHARON W. TETREAUULT</b>		Director Name <b>TODD A. GREENE</b>			
Street Address <b>56 JAMAICA WAY</b>		Street Address <b>10 ROSEWOOD DRIVE</b>			
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>MANSFIELD</b>	State <b>MA</b>	Zip <b>02048</b>
Director Name <b>ROBERT ALLEN GREENE II</b>		Director Name			
Street Address <b>35 SPRING STREET</b>		Street Address			
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		500		NONE	
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. <b>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.</b>					
Name of Authorized Representative					Date <b>7/20/23</b>
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.ri.gov