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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM X-17A-5 PART III

TC 5 (C

OMB Number: 3235-0123

Expires: October 31, 2004 Estimated average burden hours per response...... 12.00

SEC FILE NUMBER

FACING PAGE

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

REPORT FOR THE PERIOD BEGINNING	January 1, 2002 AND MM/DD/YY	ENDING <u>Dece</u> r	mber 31, 2002 MM/DD/YY	
A. RE	GISTRANT IDENTIFICATION	1		
NAME OF BROKER-DEALER: Greent	ree Brokerage Service	es, Inc.	OFFICIAL USE ONLY	
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.)			FIRM I.D. NO.	
1700 Market Street	Suite 2634 (No. and Street)			
Philadelphia	PA	191	19103	
(City)	(State)		(Zip Code)	
NAME AND TELEPHONE NUMBER OF F Warren West	PERSON TO CONTACT IN REGARD	215-	T - 569 - 1980 - 200 - 1980 - 200 -	
B. ACC	COUNTANT IDENTIFICATION	N		
Grant Thornton, LLP Two Commerce Square, 2	(Name - if individual, state last, first, middle	name)	19103-7080	
(Address)	(City)	(State)	(Zip Code)	
CHECK ONE:			PROCE	
☑ Certified Public Accountant			/ MAY 3 (
☐ Public Accountant			PROCES MAY 3 (
Accountant not resident in Ur	tited States or any of its possessions.		FINA	

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

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OATH OR AFFIRMATION

I, <u>Warren West</u>	, swear (or affirm) that, to the best of
my knowledge and belief the accompanying financial s	statement and supporting schedules pertaining to the firm of
Greentree Brokerage Services	, Inc. , as
of April 4	, 20 03 , are true and correct. I further swear (or affirm) that
neither the company nor any partner, proprietor, princ	ipal officer or director has any proprietary interest in any account
classified solely as that of a customer, except as follow	vs:
/ ·	
	Man West
	Signature
in the second of	Thesiten
and the state of t	/ Title
John Shreet	
Notary Public	NOYARIAL SEAL
This report ** contains (check all applicable boxes):	ZEELY M EDWARDS
I his report ** contains (check all applicable boxes): (a) Facing Page.	Notary Public PHILADELPHIA CITY
(a) Taking Tage. (b) Statement of Financial Condition.	PHILADELPHIA COUNTY My Commission Expires Feb 5, 2007
(c) Statement of Income (Loss).	Wy Continission Expires (ed 5, 200)
(d) Statement of Changes in Financial Condition.	
(e) Statement of Changes in Stockholders' Equity (f) Statement of Changes in Liabilities Subordina	
☐ (f) Statement of Changes in Liabilities Subordina ☐ (g) Computation of Net Capital.	ted to Claims of Creditors.
(h) Computation for Determination of Reserve Re	quirements Pursuant to Rule 15c3-3.
(i) Information Relating to the Possession or Con	
	nation of the Computation of Net Capital Under Rule 15c3-3 and the
	e Requirements Under Exhibit A of Rule 15c3-3. udited Statements of Financial Condition with respect to methods of
consolidation.	dutical Statements of I maneral Condition with respect to memous of
(l) An Oath or Affirmation.	
(m) A copy of the SIPC Supplemental Report.	
(n) A report describing any material inadequacies for	ound to exist or found to have existed since the date of the previous audit.

**For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).