



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.  
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>44066</u>		2. Exact name of the Corporation <u>GREEN HILL ACRES ASSOCIATION</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO PRESERVE AND MAINTAIN PROPERTY</u>			
5. Principal office address <u>48 WILD GOOSE ROAD</u>		City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	
President Name <u>AL PERASSO</u>		Vice-President Name <u>PETER PARISETTE</u>			
Street Address <u>91 TWIN PENINSULA</u>		Street Address <u>314 TWIN PENINSULA</u>			
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
Secretary Name <u>CAROL PERASSO</u>		Treasurer Name <u>DAN SCHATZ</u>			
Street Address <u>91 TWIN PENINSULA</u>		Street Address <u>48 WILD GOOSE RD</u>			
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>AS Perasso</u>		Director Name <u>Carol Perasso</u>		2014 MAY 16 AM 8:45 SECRETARY OF STATE CORPORATIONS DIV	
Street Address <u>SEE ABOVE</u>		Street Address <u>SEE ABOVE</u>			
City	State	Zip	City	State	Zip
Director Name <u>Peter Parisette</u>		Director Name <u>Dan Schatz</u>			
Street Address <u>SEE ABOVE</u>		Street Address <u>SEE ABOVE</u>			
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY** 224302  
 KM

**FILED**

MAY 16 2014

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.

[Signature] 5/14/14  
 Signature of Officer or Authorized Representative Date

DANIEL SCHATZ  
 Print or Type Name of Officer or Authorized Representative