



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000164423

2. Name of Corporation Greenville Terrace Subdivision Homeowners Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 36 SOPHIA LANE

City or Town: GREENVILLE

State: RI

Zip: 02828

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO DEVELOP A COMMUNITY DESIGNED FOR SAFE, HEALTHFUL AND HARMONIUS LIVING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	CHARLES BARTOLINI	36 SOPHIA LANE GREENVILLE, RI 02828 USA
SECRETARY	SHEILA SANTOS	11 SOPHIA LANE GREENVILLE, RI 02828 USA

DIRECTOR	SHEILA SANTOS	11 SOPHIA LANE GREENVILLE, RI 02828 USA
DIRECTOR	ALISON TEDESCHI	20 SOPHIA LANE GREENVILLE, RI 02828 USA
DIRECTOR	CINDY RYAN	4 SOPHIA LANE GREENVILLE, RI 02828 USA
DIRECTOR	LEIF ASKELAND	39 SOPHIA LANE GREENVILLE, RI 02828 USA
DIRECTOR	MAURA GALVAO	19 SOPHIA LANE GREENVILLE, RI 02828 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SCOTT RICCI 34 SOPHIA LANE GREENVILLE , RI 02828

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

Signed this 26 Day of June, 2014 at 9:38:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CHARLES R. BARTOLINI
Signature of Authorized Person

Form No. 631
Revised 09/07