



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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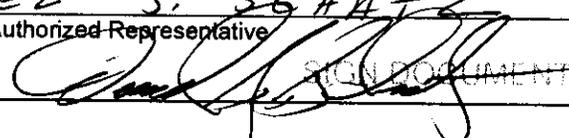
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SECRETARY OF STATE
CORPORATIONS DIV

Non-Profit Corporation Annual Report for the year: 2016

2016 MAY -2 PM 12:44

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | |
|---|--------------------|---|--------------------------|
| 1. Entity ID Number <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 MAINTAIN AND PRESERVE PROPERTY</u> | |
| 5. Principal Office Address <u>48 WILD GOOSE ROAD</u> | | City <u>WAKEFIELD</u> | State <u>RI</u> |
| | | Zip <u>02879</u> | |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>AL PERASSO</u> | | Vice-President Name <u>PETER PARISSETTE</u> | |
| Street Address <u>91 TWIN PENINSULA AVE</u> | | Street Address <u>314 TWIN PENINSULA AVE</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>DANIEL SCHATZ</u> | |
| Street Address <u>91 TWIN PENINSULA AVE</u> | | Street Address <u>48 WILD GOOSE ROAD</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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name <u>AL PERASSO</u> | | Director Name <u>CAROL PERASSO</u> | |
| Street Address <u>see above</u> | | Street Address <u>see above</u> | |
| City | State | Zip | City |
| | | | State |
| | | | Zip |
| Director Name <u>PETER PARISSETTE</u> | | Director Name <u>DANIEL SCHATZ</u> | |
| Street Address <u>see above</u> | | Street Address <u>same as above</u> | |
| City | State | Zip | City |
| | | | State |
| | | | Zip |
| 8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641. | | | |
| 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. | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | |
| Name of Officer/Authorized Representative <u>DANIEL J. SCHATZ</u> | | | Date <u>5.2.16</u> |
| Signature of Officer/Authorized Representative  | | | |

SIGN DOCUMENT HERE

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BY 273352