



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

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

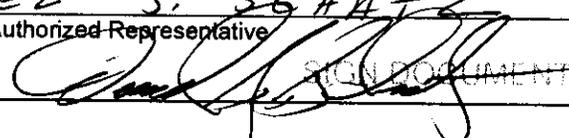
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SECRETARY OF STATE
CORPORATIONS DIV

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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>AL PERASSO</u>		Vice-President Name <u>PETER PARISETTE</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 PARISETTE</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

FILED

MAY 02 2016

BY 273352