RI SOS Filing Number: 201731354440 Date: 02/02/2017 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
36821	**Green Hill Associates, Inc.**			
3. Principal Office Address		City	State	Zip
55 Holly Road		**South Kingstown**	**RI**	**02879**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - Other Services (except Pul	**Electrical contracting**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Lorraine A. Annear**			Vice-President Name **Lorraine A. Annear**		
Street Address **55 Holly Street**			Street Address **55 Holly Street**		
City **South Kingstown**	State **RI**	Zip **02879**	City **South Kingstown**	State **RI**	Zip **02879**
Secretary Name **Lorraine A. Annear**			Treasurer Name **Lorraine A. Annear**		
Street Address **55 Holly Street**			Street Address **55 Holly Street**		
City **South Kingstown**	State **RI**	Zip **02879**	City **South Kingstown**	State **RI**	Zip **02879**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **NONE**			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1	**Common**	**No Par**

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative		Date
Lorraine A. Annear, President	Lorraine A. Annear	1/22/17

Signature of Authorized Representative

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

148802-33-1187806

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BY

FORM 630 - Revised: 10/2016