RI SOS Filing Number: 201864665020 Date: 5/11/2018 4:00:00 PM

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

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CORPORATIONS DIV.
2018 MAY 11 AM 9:33

**Annual Report for the year:** 2018
**Non-Profit Corporation**
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 44066 | Green Hill Acres Association |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: To Maintain & Preserve Property |
| 4. NAICS Code: 813110 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 48 Wild Goose Rd | Wakefield | RI | 02879 |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| President Name | Al Perasso | | Vice-President Name | Dennis Bowman | | | |
| Street Address | 91 Twin Peninsula Av | | Street Address | 183 Twin Peninsula Rd. | | | |
| City | Wakefield | State: RI, Zip: 02879 | City | Wakefield | State: RI | Zip: 02879 | |
| Secretary Name | Carol Perasso | | Treasurer Name | Daniel Schatz | | | |
| Street Address | 91 Twin Peninsula Av | | Street Address | 48 Wild Goose Rd. | | | |
| City | Wakefield | State: RI, Zip: 02879 | City | Wakefield | State: RI | Zip: 02879 | |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Director Name | Al Perasso | | Director Name | Dennis Bowman | | | |
| Street Address | see above | | Street Address | see above | | | |
| City | | State: , Zip: | City | | State: | Zip: | |
| Director Name | Carol Perasso | | Director Name | Daniel Schatz | | | |
| Street Address | see above | | Street Address | see above | | | |
| City | | State: , Zip: | City | | State: | Zip: | |

9. 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.***

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

| Name of Officer/Authorized Representative | Date |
|---|---|
| Daniel J. Schatz | 5-11-18 |

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

**FILED**
MAY 11 2018
BY 330406

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

FORM 604 Revised: 11/2017

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