RI SOS Filing Number: 201877545470 Date: 9/13/2018 4:00:00 PM

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

Annual Report for the year: 2018
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
485565	**Green Acres Country Day School, Inc.**

3. Principal Office Address	City	State	Zip
13 Hebdeen Street	**Johnston**	**RI**	**02919**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
611110	**Educational Institution**
5. State of Incorporation	
Rhode Island	

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

President Name **Lisa Dethomas**			Vice-President Name **Lisa Dethomas**		
Street Address **13 Hebdeen Street**			Street Address **13 Hebdeen Street**		
City **Johnston**	State **RI**	Zip **02919**	City **Johnston**	State **RI**	Zip **02919**
Secretary Name **Lisa Dethomas**			Treasurer Name **Lisa Dethomas**		
Street Address **13 Hebdeen Street**			Street Address **13 Hebdeen Street**		
City **Johnston**	State **RI**	Zip **02919**	City **Johnston**	State **RI**	Zip **02919**

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

Director Name **Lisa Dethomas**			Director Name		
Street Address **13 Hebdeen Street**			Street Address		
City **Johnston**	State **RI**	Zip **02919**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9 Shares Authorized	10 Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**COMMON**	**NONE**

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
Lisa Dethomas, Member	

Signature of Authorized Representative: Lisa Dethomas SIGN DOCUMENT HERE 9/3/18

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

SEP 13 2018
BY 1805 9864

FORM 630 - Revised: 10/2017

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