



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 48556		2. Exact name of the Corporation Green Acres Country Day School, Inc.			
3. Principal Office Address 13 Hebdeen Street		City Johnston	State RI	Zip 02919	
4. NAICS Code 611110	6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
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			
		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 Lisa Dethomas, Member				Date	
Signature of Authorized Representative  9/3/18 SIGN DOCUMENT HERE					

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 18059864 DS
FORM 630 - Revised: 10/2017