



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

Annual Report for the year: 2019
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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUN 26 AM 9: 52

1. Entity ID Number 34098		2. Exact name of the Corporation Orchard Acres, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Maintaining and preserving a small beach for Orchard Acres Plat residents.			
4. NAICS Code 813312 - Environment, Co					
6. Principal Office Address c/o John E. Tucker - 3 James Street		City Greenville	State RI	Zip 02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John E. Tucker			Vice-President Name James E. Tucker		
Street Address 3 James Street			Street Address 63 Pine Ledge Road		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Leslie J. Tucker			Treasurer Name Richard J. Feeley		
Street Address 3 James Street			Street Address 19 John Street		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. 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 John E. Tucker			Director Name Leslie J. Tucker		
Street Address 3 James Street			Street Address 3 James Street		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name James E. Tucker			Director Name		
Street Address 63 Pine Ledge Road			Street Address		
City Greenville	State RI	Zip 02828	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.					
<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 John E. Tucker, President				Date June 25, 2019	
Signature of Officer/Authorized Representative <i>John E. Tucker</i>				FILED SIGN DOCUMENT HERE: JUN 26 2019 BY <i>JSNAP</i>	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov