RI SOS Filing Number: 202041039410 Date: 5/28/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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.

FILED
MAY 28 2020
BY 1593

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 and preserve property
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
26 Wild Goose Rd	South Kingstown	RI	02879

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

President Name	Vice-President Name
Al Perasso	Dennis Bowman
Street Address: 91 Twin Peninsula Ave	Street Address: 183 Twin Peninsula
City: Wakefield, State: RI, Zip: 02879	City: Wakefield, State: RI, Zip: 02879
Secretary Name: Carol Perasso	**Treasurer Name:** Leslie Barnes
Street Address: 91 Twin Peninsula Ave	Street Address: 26 Wild Goose Road
City: Wakefield, State: RI, Zip: 02879	City: S. Kingstown, 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	Director Name
Al Perasso	Dennis Bowman
Street Address: See Above	Street Address: See Above
City, State, Zip	City, State, Zip
Director Name: Carol Perasso	**Director Name:** Leslie Barnes
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
Leslie Barnes	5/25/2020

Signature of Officer/Authorized Representative: Leslie Barnes — SIGN DOCUMENT HERE

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