



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.

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1. Entity ID Number 001700705		2. Exact name of the Corporation Green Reservoir, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The operation of a compassion center.			
4. NAICS Code 624190 - Other Individual an					
6. Principal Office Address 160 Westminster Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Alex Lavin			Director Name David Medeiros		
Street Address 115 Love Lane			Street Address 56 Deerfield Court		
City Warwick	State RI	Zip 02886	City North Kingstown	State RI	Zip 02852
Director Name David Chenevert			Director Name		
Street Address 1 Thomas Drive			Street Address		
City Cumberland	State RI	Zip 02864	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Alex Lavin as director, no officers appointed					Date 9/10/2020
Signature of Officer/Authorized Representative 					

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

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By **Q7P Q4P**

FORM 631 - Revised: 06/2019