RI SOS Filing Number: 202100107210 Date: 8/12/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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	2. Exact name of the Corporation
30686	Premisy Acres Association, Inc.
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
Rhode Island	To preserve and maintain the commony owned property.
4. NAICS Code	
813910	

6. Principal Office Address	City	State	Zip
10 Premisy Hill Road	North Smithfield	RI	02896

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

President Name Helene Sheahan			Vice-President Name Madeline Ferrucci		
Street Address 8 Premisy Hill Road			Street Address 8 Premisy Hill Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Jacqueline Schooley			Treasurer Name Scott M. Reichenberg		
Street Address 5 Premisy Hill Road			Street Address 4 Premisy Hill Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name Thomas Geruso			Director Name Mary Ann Geruso		
Street Address 6 Premisy Hill Road			Street Address 6 Premisy Hill Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield,	State RI	Zip 02896
Director Name Mark Schooley			Director Name Rebecca DiPietro		
Street Address 5 Premisy Hill Road			Street Address 2 Premisy Hill Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896

9. The Registered Agent information of record with the RI Department of State is accurate. 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
Scott M. Reichenberg	July 23, 2021

Signature of Officer/Authorized Representative

FILED

AUG 12 2021

BY

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

FORM 631 - Revised: 08/2020