



Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

FILED

FEB 17 2023

BY 1638 DS

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 44066		2. Exact name of the Corporation 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 26 Wild Goose Rd		City South Kingstown	State RI
		Zip 02879	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name Al Perasso		Vice-President Name Dennis Bowman	
Street Address 91 Twin Peninsula Ave		Street Address 183 Twin Peninsula Ave	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Secretary Name Carol Perasso		Treasurer Name Leslie Barnes	
Street Address 91 Twin Peninsula Ave		Street Address 26 Wild Goose Rd	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
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 Al Perasso		Director Name Dennis Bowman	
Street Address See above		Street Address See above	
City	State	City	State
Zip		Zip	
Director Name Carol Perasso		Director Name Leslie Barnes	
Street Address See above		Street Address See above	
City	State	City	State
Zip		Zip	
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 Leslie Barnes			Date 02/14/2023
Signature of Officer/Authorized Representative <i>Leslie Barnes</i>			

MAIL TO:
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