				1	
	State of Office of the	f Rhode Islan Secretary o		Fee: \$20.00	
	Division O	f Business Ser	vices		
	148 V	V. River Street			
		ce RI 02904-2	615		
7636	(40	1) 222-3040			
Non-Profit Corporatio	n				
Annual Report Filing Period: February 1	- Mav 1				
In accordance with R.I.G. annual report within the til				S	
penalty fee of \$25.00.		,	, ,		
ANNUAL REPORT YEAR	: <u>2023</u>				
1. Corporate ID No. (000042677				
2. Name of Corporation Green Valley Golf Association, Inc.					
3. State of Incorporation	n				
State: <u>RI</u>					
	AR				
Using the dropdown labe primary type of activity ir populate a NAICS Code box on the right. For furth	n which your entity enga based on the chosen se	ges. The box t ection. If the N	o the right of th IAICS Code is k	e dropdown will mown, enter it into the	
NAICS Code					
813410					
4. Principal Office Addr	ess				
No. and Street: 371	UNION STREET				
City or Town: PO	RTSMOUTH	State: <u>RI</u>	Zip: <u>02871</u>	Country: <u>USA</u>	
5. Brief Description of th	ne Character of the Affa	irs Conducted	in Rhode Islan	ld	
PROMOTION OF AMA	ATEUR SPORTS-SPE	CFICALLY C	OLF		
6. Names and Addresse	6. Names and Addresses of the Officers and Directors:				
All Directors and Office Island Corporation shal		dually. The nu	mber of DIREC	TORS of a Rhode	
Title	Individual N First, Middle, Last,			dress , State, Zip Code, Country	
		1			

PRESIDENT	MICHAEL GRECHOWAK	156 WEST PASSAGE DRIVE PORTSMOUTH, RI 02871 USA
TREASURER	ROBERT VICTOR	116 CARRIAGE DRIVE PORTSMOUTH, RI 02871 USA
SECRETARY	DENISE MCCARTHY	45 STEWART DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	JEFF FERZOCO	32 PINE ST NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	LIZ LOPES DUGUAY	7 DAVIS COURT NEWPORT, RI 02840 USA
DIRECTOR	DOUG CLARK	655 THAMES STREET NEWPORT, RI 02840 USA
DIRECTOR	TIMOTHY WYGANT	11 CANANICUS AVE NEWPORT, RI 02840 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DAVID F. FOX, ESQ. 850 AQUIDNECK AVENUE, SUITE B-11 MIDDLETOWN , RI 02842

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 26 Day of February, 2023 at 11:27:25 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By ROBERT E VICTOR

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved