RI SOS Filing Number: 202335070680 Date: 5/1/2023 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:	2022
Non-Profit Corporation	
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→ Filing period February 1 - May 1

→ Filing Fee. \$20.00

-> Penalty Additional \$25 00 fee if form is not filed by May 31

FileD	
MAY 01 2023	

	<del></del>		<del></del>					
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation						
001743452	Division	Division Road Mitigation Fund						
State of Incorporation	5 Brief descri	5 Brief description of the character of business conducted in Rhode Island						
Rhode Island	Provide le	Provide legal representation and consultants for a neighborhood association to						
4. NAICS Code	contest the	contest the size of a planned development abutting our properties on Division						
813990	Road in East Greenwich							
6 Principal Office Address	<u></u>	, <u>,</u>	City	State	Zip			
37 Miss Fry Drive		East Greenwich	RI	02818				
7. List ALL officers (names and ad	dresses)			Check the box to indi	cate an attachment			
President Name Paul Liu		Vice-President Name Len Grecco						
Street Address 37 Miss Fry Drive		Street Address 15 Miss Fry Drive						
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich	State RI	<sup>Zip</sup> 02818			
Secretary Name Greg Weiss			Treasurer Name					
Street Address 10 Westfield Drive		Street Address						
<sup>City</sup> East Greenwich	State RI	Z <sub>ip</sub> 02818	City	State	Zip			
8. List ALL directors (names and a	ddresses). Ri Cr	orporations MUST						
Director Name				Check the box to indi	cate an attachment L			
Director Name Paul Liu		Director Name Len Grecco						
Street Address 37 Miss Fry Drive		Street Address 15 Miss Fry Drive						
<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich	State RI	<sup>Zıp</sup> 02818			
Director Name Greg Weiss		Director Name None						
Street Address 10 Westfield Drive		Street Address						
<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	City	State	Zip			
9 The Registered Agent information	on of record with	the RI Department	of State is accurate. Changes req	uire filing Form 64	1.			
Under penalty of perjury, I decia statements, and that all stateme	re and affirm th	nat I have examine herein are true and	d this report, including any acco	ompanying sched	ules and			
This report must be signed by either the Pre				entative, Receiver or Tru	ıstoe			
Name of Officer/Authorized Repre	sentative			Date				
Paul Liu			April 22, 2023					
Signature of Officer/Authorized Rep		•						

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: 2/2023