



State of Rhode Island

Department of State - Business Services Division

FILED

MAY 01 2023

Annual Report for the year: 2022

Non-Profit Corporation

→ 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 001743452		2. Exact name of the Corporation Division Road Mitigation Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide legal representation and consultants for a neighborhood association to contest the size of a planned development abutting our properties on Division Road in East Greenwich			
4. NAICS Code 813990					
6. Principal Office Address 37 Miss Fry Drive		City East Greenwich		State RI	Zip 02818
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Greg Weiss			Treasurer Name None		
Street Address 10 Westfield Drive			Street Address		
City East Greenwich	State RI	Zip 02818	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 Paul Liu			Director Name Len Grecco		
Street Address 37 Miss Fry Drive			Street Address 15 Miss Fry Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Greg Weiss			Director Name None		
Street Address 10 Westfield Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	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 Paul Liu				Date April 22, 2023	
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

FORM 631 - Revised: 2/2023