



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023

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.

FILED
MAY 03 2023
BY

1. Entity ID Number 000030686		2. Exact name of the Corporation Premisy Acres Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To preserve and maintain the commonly owned property.			
4. NAICS Code 813910					
6. Principal Office Address P. O. Box 1053			City Slatersville	State RI	Zip 02876
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Schooley			Vice-President Name Raymond Raglin		
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
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 <input type="checkbox"/>					
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 Helene Shehan			Director Name Madeline Ferruci		
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
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Scott M. Reichenberg					Date April 28, 2023
Signature of Officer/Authorized Representative 					

MAIL TO:
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