



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAY 02 2024
BY *gml*

1. Entity ID Number 36821		2. Exact name of the Corporation Green Hill Associates, Inc.			
3. Principal Office Address 55 Holly Road			City South Kingstown	State RI	Zip 02879
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Electrical contracting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lorraine A. Annear			Vice-President Name Arthur W. Annear		
Street Address 55 Holly Road			Street Address 55 Holly Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Lorraine A. Annear			Treasurer Name Lorraine A. Annear		
Street Address 55 Holly Road			Street Address 55 Holly Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1		Common
			PAR VALUE		No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Lorraine A. Annear, President					Date 4/19/2024
Signature of Authorized Representative <i>Lorraine Annear</i>					

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 630 - Revised: 11/2021