RI SOS Filing Number: 202454657560 Date: 5/20/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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	2. Exact name of the Corporation
34098	Orchard Acres, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Maintaining and preserving a small beach for Orchard Acres Plat residents.
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
c/o Charles B. Tucker - 79 West Greenville Road	Greenville	RI	02828

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Charles B. Tucker			Vice-President Name: James J. Tucker		
Street Address: 79 West Greenville Road			Street Address: 2 James Street		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
Secretary Name: Barbara Martin			Treasurer Name: Richard J. Feeley		
Street Address: 2 James Street			Street Address: 19 John Street		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Charles B. Tucker			Director Name: Barbara Martin		
Street Address: 79 West Greenville Road			Street Address: 2 James Street		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
Director Name: James J. Tucker			Director Name: Richard J. Feeley		
Street Address: 2 James Street			Street Address: 19 John Street		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828

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	Date
Charles B. Tucker	**April 30, 2024**

Signature of Officer/Authorized Representative: Charles Tucker

FILED 1152
MAY 20 2024
BY PZGY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov