					-2	·	
State of Rhode Island						·	
Department of State - Business Services Division							
Annual Report for the year: 2020					D RI 126		
Corporation ——————					RIDOS 26 ₩11		
→ Filing period: February 1 - May 1					1135		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					IDOS BSD		
Entity ID Number 2. Exact name of the Corporation							
12838	Green	· · · · · · · · · · · · · · · · · · ·	uria	Grounds	ີ ທີ່ ໂ.		
3. Principal Office Address City I State 17in							
893 HARTFORC		on of the -ht	NO	cituate	RI	02857	
812220	1	_	r of busine:	ss conducted in Rhode Is	land		
	State of Incorporation Cemeral						
O. State of incorporation							
7 1 1 1 1 1 1 1 1 1 1 1							
7. List ALL officers (names and add President Name	Iresses)		Wice Proci	Check the bo	x to indicate a	n attachment 🔲	
Gordon G. CARLTON				JOANNE ('ARLTON.			
293 HARTFORD PIKE 8				3 HARTFOR	d Pi	Ke	
N. Scituato	State	2850 J	City	cityato	State 2	7×3	
Secretary Name Treas				Name On ne CAR	1700	10000.	
Street Address Street Address Pike			Street Add		J D'Y	P	
City/ City/	State 2	Zip DSM	CIN / 6	o Lucta	State D-r	39 PSY	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name Director Name						n attacament L	
Street Address CO	of Cond	O.VP	Street Add	10(11) TU (#1		VP	
City Al Crity at P	State OT	Zip. a 1764	City	D WHKI FOI	State()-	KIB (Y-17	
Director Name		102821	Director Na	LITUIU ame	I BL	(1/532) 1	
Street Address				Street Address			
			- Contract				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue			x to indicate a	in attachment 🔲	
This information is currently of record in the Department of State.		NUMBER OF SI	ARES	CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		. 700			100		
44 74:							
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 Date							
Joinne CARLION 2 11/0/24/24							
Signature of Authorized Representative							
Juliano (anten) IIIN 26 2021							
MAIL TO: Division of Business Services BY ATHT6							
148 W. River Street, Providence, Rhode Island 02904-2615							

Phone: (401) 222-3040 Website: www.sos.ri.gov