



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001677723

2. Name of Corporation Friends of Green Hill Pond

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813312

4. Principal Office Address

No. and Street: PO BOX 102

City or Town: CHARLESTOWN

State: RI

Zip: 20813

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PRESERVE AND PROTECT GREEN HILL POND

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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DIRECTOR	MICHAEL MCCARTHY	350 FAIRFIELD AVE BRIDGEPORT, CT 06604 USA
DIRECTOR	MARY-GAIL SMITH	17 PERIWINKLE DRIVE WEST GREEN HILL, RI 02879 USA
DIRECTOR	MARK LONDON	170 PROVIDENCE PIKE UNIT 118 NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	WILLIAM PULSIFER	498 NORTH STREET TERRYVILLE, CT 06786 USA
DIRECTOR	MARK HARRIS	26 WILD GOOSE RD SOUTH KINGSTOWN, RI 02879 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DENNIS J. BOWMAN 183 TWIN PENINSULA AVE SOUTH KINGSTOWN , RI 02879

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of January, 2025 at 4:27:59 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARK LONDON
Signature of Authorized Person

Form No. 631
Revised 09/07

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