



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

STAMP

2025 JUL 30 AM 10:59

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 44066		2. Exact name of the Corporation Green Hill Acres Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To maintain and preserve property	
4. NAICS Code 813990			
6. Principal Office Address 91 Twin Peninsula Ave.		City Wakefield	State RI
		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Douglas Fishman		Vice-President Name Raymond Gradale	
Street Address 6 Cormorant Rd.		Street Address 7 Teal Rd.	
City South Kingstown	State RI	City South Kingstown	State RI
Zip 02879		Zip 02879	
Secretary Name Marlene Connor		Treasurer Name Douglas Tringali	
Street Address 23 Teal Rd.		Street Address 129 Twin Peninsula Ave.	
City South Kingstown	State RI	City South Kingstown	State RI
Zip 02879		Zip 02879	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Douglas Fishman		Director Name Raymond Gradale	
Street Address — see above —		Street Address — see above —	
City	State	City	State
Zip		Zip	
Director Name Marlene Connor		Director Name Douglas Tringali	
Street Address — see above —		Street Address — see above —	
City	State	City	State
Zip		Zip	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Douglas Fishman			Date 7/24/2025
Signature of Officer/Authorized Representative 			

FILED

JUL 30 2025
BY **2023 AA**

MAIL TO:

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