State of Rhode Island
Department of State - Business Services Division

STAMP

RECEIVED
2025 JUL 30 A 9:59
R.I. DEPT. OF STATE
BUS SVCS DIV

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.

1. Entity ID Number	2. Exact name of the Corporation
44066	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	City	State	Zip
91 Twin Peninsula Ave.	Wakefield	RI	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	Zip: 02879	City: South Kingstown	State: RI	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	Zip: 02879	City: South Kingstown	State: RI	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	Zip	City	State	Zip
Director Name: Marlene Connor			Director Name: Douglas Tringali		
Street Address: — see above —			Street Address: — see above —		
City	State	Zip	City	State	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.

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
Douglas Fishman	**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

FORM 631- Revised 12/2023