



RI SOS Filing Number: 201903270790 Date: 7/10/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUL 10 2019

26025

Annual Report for the year:

2019

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 28029		2. Exact name of the Corporation Great Island Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Social Organization for the benefit of great island residents			
4. NAICS Code 813319					
6. Principal Office Address 151 East Shore Road		City Narragansett	State RI	Zip 02882	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christine Connolly			Vice-President Name Michael D'Alessandro		
Street Address 151 East Shore Road			Street Address 33 Spendrift Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Carol Shunney			Treasurer Name Charles E. Bradley		
Street Address 53 East Shore Road			Street Address 3191 Pawtucket Avenue		
City Narragansett	State RI	Zip 02882	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christine Connolly			Director Name Michael D'Alessandro		
Street Address No Above			Street Address No Above		
City	State	Zip	City	State	Zip
Director Name Carol Shunney			Director Name Charles E. Bradley		
Street Address No Above			Street Address No Above		
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 CHARLES E. BRADLEY				Date 7/8/2019	
Signature of Officer/Authorized Representative C Bradley					

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: 06/2019