State of Rhode Island
Department of State - Business Services Division

FILED
SEP 21 2021
BY 2265

Annual Report for the year: 2021
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	2. Exact name of the Corporation
28029	Great Island Association, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island
4. NAICS Code: 813319 - Other Social Advoca	

6. Principal Office Address	City	State	Zip
~~94~~ 98 Marine Drive	Narragansett	RI	02882

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Ellen Bloomer			Vice-President Name: Katherine Thomas		
Street Address: 98 Marine Drive			Street Address: 98 Marine Drive		
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 ☐

Director Name: Ellen Bloomer			Director Name: Katherine Thomas		
Street Address: As Above			Street Address: As Above		
City	State	Zip	City	State	Zip
Director Name: Carol Shunney			Director Name: Charles E. Bradley		
Street Address: As Above			Street Address: As 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
Charles E. Bradley	9/16/2021

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