

RI DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2023 FEB 28 PM 12:18

STAMP

Annual Report for the year: 2023
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.

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 149969		2. Exact name of the Corporation The Great Road Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium association			
4. NAICS Code 813990 - Other Similar Organizat					
6. Principal Office Address 394 Great Road, Unit #1			City Lincoln	State RI	Zip 2865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Shawn Hollingsworth			Vice-President Name Jeffrey Sainvill		
Street Address 394 Great Road, Unit #2			Street Address 394 Great Road, Unit #3		
City Lincoln	State RI	Zip 2865	City Lincoln	State RI	Zip 2865
Secretary Name Wendy Wolstenholme			Treasurer Name Wendy Wolstenholme		
Street Address 394 Great Road, Unit #1			Street Address 394 Great Road, Unit #1		
City Lincoln	State RI	Zip 2865	City Lincoln	State RI	Zip 2865
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 Shawn Hollingsworth			Director Name Jeffrey Sainvill		
Street Address 394 Great Road, Unit #2			Street Address 394 Great Road, Unit #3		
City Lincoln	State RI	Zip 2865	City Lincoln	State RI	Zip 2865
Director Name Wendy Wolstenholme			Director Name		
Street Address 394 Great Road, Unit #1			Street Address		
City Lincoln	State RI	Zip 2865	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.					
<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 Shawn Hollingsworth				Date 2/26/23	
Signature of Officer/Authorized Representative <i>Shawn Hollingsworth</i>				FILED	

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

FILED
FEB 28 2023
BY OLURS
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