



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2015

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.

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 R.I. DEPT. OF STATE
 STAMP DIV

 2023 FEB 28 PM 12:17
 SUNDAY FEB 28 2023
 USF 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 Alan Tracy		Vice-President Name Andy Menus	
Street Address 394 Great Road, Unit #2		Street Address 394 Great Road, Unit #3	
City Lincoln	State RI	City Lincoln	State RI
Zip 2865		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	City Lincoln	State RI
Zip 2865		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 Alan Tracy		Director Name Andy Menus	
Street Address 394 Great Road, Unit #2		Street Address 394 Great Road, Unit #3	
City Lincoln	State RI	City Lincoln	State RI
Zip 2865		Zip 2865	
Director Name Wendy Wolstenholme		Director Name	
Street Address 394 Great Road, Unit #1		Street Address	
City Lincoln	State RI	City	State
Zip 2865		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

 FEB 28 2023
 BY *Qlwks*
 A.A. 12:27 pm