



State of Rhode Island
Department of State - Business Services Division


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Annual Report for the year: 2014

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SECRETARY OF STATE
 USE ONLY

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 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 | 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 Alan Tracy | | Director Name Andy Menus | | | |
| 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | | | |
| Name of Officer/Authorized Representative Shawn Hollingsworth | | | | Date 2/26/23 | |
| Signature of Officer/Authorized Representative  | | | | | |

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 OLWVS
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 FORM 631 - Revised: 11/2021