State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
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Annual Report for the year: 2012
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	2. Exact name of the Corporation
149969	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	City	State	Zip
394 Great Road, Unit #1	Lincoln	RI	2865

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

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: Raymonde Wolstenholme			Treasurer Name: Raymonde 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 ☐

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: Raymonde 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.

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
Shawn Hollingsworth	2/26/23

Signature of Officer/Authorized Representative: Shawn Hollingsworth

FILED
FEB 28 2023
BY CWVS
A.A. 12:24 pm

MAIL TO:
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