



State of Rhode Island  
Department of State - Business Services Division

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RI DEPT OF STATE  
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FOR  
SECRETARY OF STATE  
USE ONLY

Annual Report for the year: 2009  
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 <b>149969</b>		2. Exact name of the Corporation <b>The Great Road Condominium Association, Inc.</b>					
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Condominium association</b>					
4. NAICS Code <b>813990 - Other Similar Organizat</b>							
6. Principal Office Address <b>394 Great Road, Unit #1</b>				City <b>Lincoln</b>		State <b>RI</b>	Zip <b>2865</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>Alan Tracy</b>				Vice-President Name <b>Andy Menus</b>			
Street Address <b>394 Great Road, Unit #2</b>				Street Address <b>394 Great Road, Unit #3</b>			
City <b>Lincoln</b>		State <b>RI</b>	Zip <b>2865</b>		City <b>Lincoln</b>		State <b>RI</b>
Secretary Name <b>Raymonde Wolstenholme</b>				Treasurer Name <b>Raymonde Wolstenholme</b>			
Street Address <b>394 Great Road, Unit #1</b>				Street Address <b>394 Great Road, Unit #1</b>			
City <b>Lincoln</b>		State <b>RI</b>	Zip <b>2865</b>		City <b>Lincoln</b>		State <b>RI</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>Alan Tracy</b>				Director Name <b>Andy Menus</b>			
Street Address <b>394 Great Road, Unit #2</b>				Street Address <b>394 Great Road, Unit #3</b>			
City <b>Lincoln</b>		State <b>RI</b>	Zip <b>2865</b>		City <b>Lincoln</b>		State <b>RI</b>
Director Name <b>Raymonde Wolstenholme</b>				Director Name			
Street Address <b>394 Great Road, Unit #1</b>				Street Address			
City <b>Lincoln</b>		State <b>RI</b>	Zip <b>2865</b>		City		State
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.							
<b>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.</b>							
<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 <b>Shawn Hollingsworth</b>						Date <b>2/26/23</b>	
Signature of Officer/Authorized Representative <i>Shawn Hollingsworth</i>							

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 DLWVS**  
**AA 12:21pm**