



State of Rhode Island
Department of State - Business Services Division

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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 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 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 <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 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.					
<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>					

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 *DWVS*
AA 12:21pm