



State of Rhode Island

## Department of State - Business Services Division

R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year: 2008

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.

2023 FEB 28 PM 12:17

STAMP

FOR  
SECRETARY OF STATE  
USE 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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 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.					
<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>					
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 Shawn Hollingsworth				Date 2/26/23	
Signature of Officer/Authorized Representative <i>Shawn Hollingsworth</i>				FILED FEB 28 2023 BY <i>Q. L. W. S.</i> A.A. 12:20 PM	

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021