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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

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BUS SVCS DIV

2023 OCT -4 A 11:11

1. Entity ID Number 001696142		2. Exact name of the Corporation GREATER LITTLE COMPTON COLLABORATIVE INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island EDUCATION, HEALTH EQUITY, RACIAL AND SOCIAL JUSTICE.			
4. NAICS Code 624110					
6. Principal Office Address 164 FUREY AVE			City TIVERTON	State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KELLY REBEIRO			Vice-President Name SHIRLEY HARDISON		
Street Address 164 Furey Avenue			Street Address 388 Long Highway		
City Tiverton	State RI	Zip 02878	City Little Compton	State RI	Zip 02837
Secretary Name Sue Talbot			Treasurer Name		
Street Address 15 Tambourine Lane			Street Address		
City Little Compton	State RI	Zip 02837	City	State	Zip
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 SUE TALBOT			Director Name Shirley Hardison		
Street Address 15 TAMBOURINE LANE			Street Address 388 Long Highway		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Director Name President			Director Name		
Street Address 164 FUREY AVENUE			Street Address		
City TIVERTON	State RI	Zip 02878	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 President				Date 10/4/2023	
Signature of Officer/Authorized Representative 				OCT - 4 2023 BY KRZUP	

MAIL TO: A364C369D5984F0

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov