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State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 OCT -4 A 11:11

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.

1. Entity ID Number	2. Exact name of the Corporation
001696142	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	City	State	Zip
164 FUREY AVE	TIVERTON	RI	02878

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

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 ☐

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.

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
President	10/4/2023

Signature of Officer/Authorized Representative: DocuSigned by: A364C069D59841F0

FILED 1113
OCT - 4 2023
BY KRZUP

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 04/2023