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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.

1. Entity ID Number 001697737		2. Exact name of the Corporation Glocester Business Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island This organization is formed to provide and encourage the creation and/or expansion of business and organization enterprises in the Glocester region.			
4. NAICS Code 813910-Business Assoc					
6. Principal Office Address P.O. Box 327			City Chepachet	State RI	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Hilary Collings			Vice-President Name Kathleen Rogler		
Street Address 1005 Douglas Pike			Street Address 953 Putnam Pike		
City Smithfield	State RI	Zip 02917	City Chepachet	State RI	Zip 02814
Secretary Name Lauren Vernancio			Treasurer Name Frank Stevenson		
Street Address 988 Putnam Pike			Street Address 142 George Allen Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Vincent E. Lepore, Jr.			Director Name Kevin Kitson		
Street Address 481 Chestnu Hill Road			Street Address 1116 Putnam Pike		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name Charlie Wilson			Director Name Jill Stevenson		
Street Address 1177 Putnam Pike			Street Address 142 George Allen Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Hilary Collings				Date 2.29.2024	
Signature of Officer/Authorized Representative 					

FILED

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

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ATTACHMENT FOR 2024 ANNUAL REPORT
FOR GLOCESTER BUSINESS ASSOCIATION
ENTITY ID NO. 001697737

Additional Directors

Michelle Keach
444 Central Street
Harrisville, RI 02830

David Wright
95 Pound Road
Chepachet, RI 02814

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