



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025
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.

FEB 03 2025 STAMP
BY [Signature]

1. Entity ID Number <u>149969</u>		2. Exact name of the Corporation <u>THE GREAT ROAD CONDOMINIUM ASSOCIATION INC.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>CONDOMINIUM ASSOCIATION</u>	
4. NAICS Code <u>813990 OTHER SIMILAR ORG</u>			
6. Principal Office Address <u>394 GREAT ROAD UNIT #1</u>		City <u>LINCOLN</u>	State <u>RI</u> Zip <u>02865</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>WENDY WOLSTENHOLME</u>		Vice-President Name <u>ALAN DI</u>	
Street Address <u>139 BOARDMAN AVE</u>		Street Address <u>394 GREAT RD UNIT 3</u>	
City <u>CUMBERLAND</u>	State <u>RI</u> Zip <u>02864</u>	City <u>LINCOLN</u>	State <u>RI</u> Zip <u>02865</u>
Secretary Name <u>ANDREW MCKEEN</u>		Treasurer Name <u>WENDY WOLSTENHOLME</u>	
Street Address <u>394 GREAT ROAD UNIT 2</u>		Street Address <u>394 GREAT RD UNIT 1</u>	
City <u>LINCOLN</u>	State <u>RI</u> Zip <u>02865</u>	City <u>LINCOLN</u>	State <u>RI</u> Zip <u>02865</u>
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 <u>WENDY WOLSTENHOLME</u>		Director Name <u>ALAN DI</u>	
Street Address <u>394 GREAT RD UNIT 1</u>		Street Address <u>394 GREAT ROAD UNIT 3</u>	
City <u>LINCOLN</u>	State <u>RI</u> Zip <u>02865</u>	City <u>LINCOLN</u>	State <u>RI</u> Zip <u>02865</u>
Director Name <u>ANDREW MCKEEN</u>		Director Name <u>NONE</u>	
Street Address <u>394 GREAT RD UNIT 2</u>		Street Address <u>NONE</u>	
City <u>LINCOLN</u>	State <u>RI</u> Zip <u>02864</u>	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 <u>WENDY WOLSTENHOLME</u>			Date <u>1/10/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
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Website: www.sos.ri.gov