RI SOS Filing Number: 202564675740 Date: 2/7/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Filing Fee: \$20.00 foo if form is not filed by May 31.

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→ Penalty: Additional \$25.00 fee if t	rorm is not liled by i	way 51.	····		-		
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						
4. NAICS Code 813910	region.						
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							
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 U2814		
Secretary Name Lauren Vernar	ncio		Treasurer Name Frank Stevenson				
Street Address 988 Putnam Pike		Street Address 142 George Allen Road					
City Chepachet	State RI	^{Zip} 02814	Chy Chepachet	State RI	Ö2814		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to Indicate an attachment							
Director Name Vincent E. Lepore, Jr.			Director Name Raina Ballou				
Street Address 481 Chestnut Hill Road			Street Address P.O. Box 960				
^{City} Chepachet	State RI	^{Zip} 02814	City Chepachet	State RI	Zh U2814		
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	Ö2814		
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	ر ۸ ۱		
Hilary Collings 1.29.2025							
Signature of Officer/Authorized Representative FILED							
	- П						

MAIL TO: (
Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov BYKMHOK

FEB U 7 2025

ATTACHMENT FOR 2025 ANNUAL REPORT FOR GLOCESTER BUSINESS ASSOCIATION ENTITY ID NO. 001697737

Additional Directors

David Wright 95 Pound Road Chepachet, RI 02814 Kimberly Michalik P.O. Box 306 Chepachet, RI 02814