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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
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001697737	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	

6. Principal Office Address	City	State	Zip
P.O. Box 327	Chepachet	RI	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: 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 ☑

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	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.

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
Hilary Collings	1.29.2025

Signature of Officer/Authorized Representative: Hilary L Collings

FILED
FEB 07 2025
BY KMHQK

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: 12/2023

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