



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001700073

**2. Exact Name of the Limited Liability Company** Commonwealth Referral Associates, LLC

**3. State of Formation**

State: MA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

REAL ESTATE BROKERAGE REFERRAL SERVICES

**5. Principal Office Address**

No. and Street: 12 HURON DRIVE  
City or Town: NATICK State: MA Zip: 01780 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: GEORGE PATSIO Contact Title: MANAGER  
No. and Street: 12 HURON DRIVE  
City or Town: NATICK State: MA Zip: 01780 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ALAN C. LYMAN JR.	12 HURON DRIVE NATICK, MA 01760 USA
MANAGER	NICHOLAS P. PATSIO	12 HURON DRIVE

		NATICK, MA 01760 USA
MANAGER	GEORGE PATSIO	12 HURON DRIVE NATICK, MA 01760 USA
MANAGER	PATRICK J. FORTIN	12 HURON DRIVE NATICK, MA 01760 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

UNITED CORPORATE SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

*Signed this 9 Day of January, 2020 at 1:25:14 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PATRICK J. FORTIN  
Signature of Authorized Person

Form No. 632  
Revised 09/07