



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 99393		2. Exact name of the limited liability company Commonwealth Associates, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Commercial Real Estate			
5. Principal office address P.O. Box 6872		City Warwick		State RI	Zip 02887
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Constance L. Marzilli		Contact Title Member			
Street Address P.O. Box 6872		City Warwick		State RI	Zip 02887
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Constance Marzilli		Manager Name Alda P. McMahon			
Street Address 237 Commonwealth Avenue		Street Address PO Box 101			
City Warwick	State RI	Zip 02886	City Narragansett	State RI	Zip 02882
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 20 2014

BY 1325

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Constance Marzilli 10/14/14
Signature of Authorized Person Date

Constance Marzilli

Print or Type Name of Authorized Person