RI SOS Filing Number: 201585941300 Date: 10/27/2015 4:00 PM

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 2015

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.	2. Exact name of the limited liability company		
99393	Commonwealth Associates, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	Commercial Real Estate		
5. Principal office address	City	State	Zip
P.O. Box 6872	Warwick	RI	02887

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Constance L. Marzilli	Member		
Street Address	City	State	Zip
P.O. Box 6872	Warwick	RI	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			Manager Name		
Constance Marzilli			Alda P. McMahon		
Street Address			Street Address		
237 Commonwealth Avenue			P.O. Box 101		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Narragansett	RI	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 27 2015
BY 540

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 10/21/15
Signature of Authorized Person Date

Constance Marzilli
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
12701-163-1079206