

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

Filing period: January 1 - March 1

→ Filing Fee: \$50.00

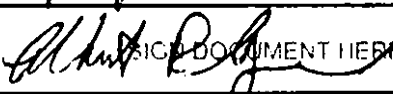
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 04 2019

BY

14299 05

1. Entity ID Number 53941		2. Exact name of the Corporation Oneco Commons, Inc.			
3. Principal Office Address Pole 15-Jencks Road			City Foster	State RI	Zip 02825
4. NAICS Code 53120 and Rental		6. Brief description of the character of business conducted in Rhode Island Real Estate Development			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Albert R. Gervasio			Vice-President Name Peter A. Gervasio		
Street Address Pole 15-Jencks Road			Street Address Pole 15-Jencks Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Albert R. Gervasio			Treasurer Name		
Street Address Pole 15-Jencks Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			No par value		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Albert R. Gervasio, President			Date 2/22/19		
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov