



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 BUS SVCS DIV
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1. Entity ID Number 000150893		2. Exact name of the Corporation 6 Mansfield Street Homeowners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO MANAGE A CONDOMINIUM LOCATED AT 6 MANSFIELD STREET IN PROVIDENCE, RI TITLE: 7-6			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 6 Mansfield Street #1		City Providence		State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michelle Eisenrich			Vice-President Name		
Street Address 6 Mansfield Street #2			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name David Butka		
Street Address			Street Address 6 Mansfield Street #1		
City	State	Zip	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michelle Eisenrich			Director Name Jeanie King		
Street Address 6 Mansfield Street #2			Street Address 6 Mansfield Street #3		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name David Butka			Director Name		
Street Address 6 Mansfield Street #1			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<i>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative David Butka				Date 2/3/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 FORM 631 - Revised: 06/2017