



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 <b>000150893</b>		2. Exact name of the Corporation <b>6 Mansfield Street Homeowners Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO MANAGE A CONDOMINIUM LOCATED AT 6 MANSFIELD STREET IN PROVIDENCE, RI</b> <b>TITLE: 7-6</b>			
4. NAICS Code <b>813910 - Business Association</b>					
6. Principal Office Address <b>6 Mansfield Street #1</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michelle Eisenrich</b>			Vice-President Name		
Street Address <b>6 Mansfield Street #2</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
Secretary Name			Treasurer Name <b>David Butka</b>		
Street Address			Street Address <b>6 Mansfield Street #1</b>		
City	State	Zip	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michelle Eisenrich</b>			Director Name <b>Jeanie King</b>		
Street Address <b>6 Mansfield Street #2</b>			Street Address <b>6 Mansfield Street #3</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>David Butka</b>			Director Name		
Street Address <b>6 Mansfield Street #1</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	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.					
<b>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.</b>					
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative <b>David Butka</b>				Date <b>2/3/2020</b>	
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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BY Ch XFIX8  
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FORM 631 - Revised: 06/2017