State of Rhode Island
Department of State - Business Services Division

FILED
FEB 08 2024
BY:

Annual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
0000107473	Willow Street Commons Association, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To serve the organization of unit owners for the Willow Street Commons Condominiums
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
c/o CRS Management, LLC- 786 Oaklawn Ave.	Cranston	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jenna Goldberg			Vice-President Name: Jack Lenk		
Street Address: 75 Sycamore Street #C			Street Address: 5 Palm Court		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name:			Treasurer Name: Nermin Kura		
Street Address:			Street Address: 70 Oak Street, #A		
City:	State:	Zip:	City: Providence	State: RI	Zip: 02903

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Jenna Goldberg			Director Name: Jack Lenk		
Street Address: 75 Sycamore Street #C			Street Address: 5 Palm Court		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name:			Director Name: Nermin Kura		
Street Address:			Street Address: 70 Oak Street, #A		
City:	State:	Zip:	City: Providence	State: RI	Zip: 02903

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

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	Date
Carlene DelNero	2-5-24

Signature of Officer/Authorized Representative: Carlene DelNero

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

FORM 631- Revised: 12/2023