



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
24 MAY 24 PM 3:46:37

1 Entity ID Number 000150994		2 Exact name of the Corporation Eastside Commons Condominium Association, Inc.	
3 State of Incorporation Rhode Island		5 Brief description of the character of business conducted in Rhode Island To operate a Condominium Association property Title: 7-6	
4 NAICS Code 813990			
6 Principal Office Address 20 Newman Ave Suite #1005		City Rumford	State RI
		Zip 02916	
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Andrew J. Miller		Vice-President Name Michaela Shea McInnis	
Street Address 1 Wayland Ave 113N		Street Address 1 Wayland Ave Unit 115N	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name David J. Fortunato		Treasurer Name John B. Brezack	
Street Address 1 Wayland Ave Unit 104S		Street Address 1 Wayland Ave 310S	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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 Martin Sleprow		Director Name Fred J. Franklin	
Street Address 1 Wayland Ave 309S		Street Address 1 Wayland Ave 308S	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name Petra Jenkins		Director Name	
Street Address 1 Wayland Ave Unit 305N		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
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 Michaela Shea McInnis, Vice President			Date 5-24-24
Signature of Officer/Authorized Representative <i>Michaela Shea McInnis</i> 346			

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

FILED

MAY 24 2024

BY **2482**

FORM 631 Revised 12/2023