State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

RECEIVED STAMP
2024 DEC 13 AM 11:07

1. Entity ID Number	2. Exact name of the Corporation
000530596	One Hundred One Comstock Commerical Condominium Associ

3. Principal Office Address	City	State	Zip
101 Comstock Parkway	Cranston	RI	02921

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531312	Condominium Association
5. State of Incorporation: RI	

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

President Name: Joe Pinnatore			Vice-President Name: Darien Cousins		
Street Address: 101 Comstock Parkway			Street Address: 101 Comstock Parkway		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: Tom Ferry			Treasurer Name: Ed DeMizio		
Street Address: 101 Comstock Parkway			Street Address: 101 Comstock Parkway		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

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

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	26	STK	.01

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	Date
Joseph J. Ranone	12/09/2024

Signature of Authorized Representative

FILED
DEC 13 2024
BY [signature] AA: 11:09 AM

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 630- Revised: 12/2023