



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED

FEB 17 2025

BY 1087 [signature]

1. Entity ID Number 001753595		2. Exact name of the Corporation Immokolee Commons Condominium Association Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operate and manage homeowner's association			
4. NAICS Code 813990					
6. Principal Office Address 1341 West Main Rd, Ste 11		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gary Cassidy			Vice-President Name Katie Schaffer		
Street Address 63 Immokolee Drive			Street Address 61 Immokolee Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Lezli Pious			Treasurer Name		
Street Address 53 Immokolee Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Katie Schaffer			Director Name Gary Cassidy		
Street Address 61 Immokolee Drive			Street Address 63 Immokolee Drive		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Lezli Pious			Director Name		
Street Address 53 Immokolee Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	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.					
<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 Ana E. Lake				Date 2/1/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov