




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

1. Entity ID Number 000707586		2. Exact name of the Corporation Commonwealth Associates, Inc.			
3. Principal Office Address 245 W. Michigan Ave			City Jackson	State Michigan	Zip 49201
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Engineering & Consulting			
5. State of Incorporation Michigan					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Richard Collins			Vice-President Name		
Street Address 245 W. Michigan Ave			Street Address		
City Jackson	State MI	Zip 49201	City	State	Zip
Secretary Name Sarah Lyman			Treasurer Name		
Street Address 245 W. Michigan Ave			Street Address		
City Jackson	State MI	Zip 49201	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 138,477	CLASS/SERIES Common Stock	PAR VALUE 0	
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 Richard Collins					Date 2/19/2025
Signature of 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

FILED

MAR 04 2025

BY

RZEXES

AA 11:00 AM