



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.

2025 JAN 17 AM 10:56

1. Entity ID Number 000707586		2. Exact name of the Corporation Commonwealth Associates, Inc.			
3. Principal Office Address 245 W. Michigan Avenue			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 Avenue			Street Address		
City Jackson	State MI	Zip 49201	City	State	Zip
Secretary Name Sarah Lyman			Treasurer Name		
Street Address 245 W. Michigan Avenue			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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.			NUMBER OF SHARES		
Changes require an additional filing.			CLASS/SERIES		
			PAR VALUE		
			143,269		
			Common Stock		
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 1/9/25		
Signature of Authorized Representative <i>[Signature]</i>			Date 1/9/25		

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

RI DOS MADE NON-SUBSTANTIVE EDITS

FORM 630- Revised 12/2023