



State of Rhode Island  
Department of State - Business Services Division

STAMP

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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number 001691905		2. Exact name of the Corporation Kent County Commons Homeowners Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Residential Condominium	
4. NAICS Code 631311			
6. Principal Office Address 101 Quaker Ln, Unit 5B		City West Warwick	State RI
		Zip 02893	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Harvey Allen Wagner		Vice-President Name Harvey Allen Wagner	
Street Address 101 Quaker Ln, Unit 5B		Street Address 101 Quaker Ln, Unit 5B	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
Secretary Name Holly Casimiro		Treasurer Name Jo-Ann Cambio	
Street Address 101 Quaker Ln, Unit 4B		Street Address 101 Quaker Ln, Unit 1B	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Harvey Allen Wagner		Director Name Holly Casimiro	
Street Address 101 Quaker Ln, Unit 5B		Street Address 101 Quaker Ln, Unit 4B	
City West Warwick	State RI	City West Warwick	State RI
Zip 0893		Zip 02893	
Director Name Jo-Ann Cambio		Director Name	
Street Address 101 Quaker Ln, Unit 1B		Street Address	
City West Warwick	State RI	City	State
Zip 02893		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Harvey Allen Wagner</b>			Date <b>5/19/25</b>
Signature of Officer/Authorized Representative <i>Harvey Allen Wagner</i>			

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

JUN 02 2025  
BY 2259

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FORM 631- Revised: 12/2023

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