



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

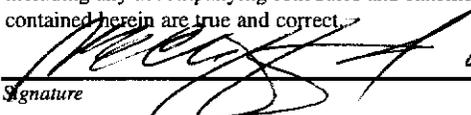
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 4981		2. Name of Corporation COVE CONDOMINIUM ASSOCIATON, INC			
3. Street Address Principal Business Office 3670 WEST SHORE ROAD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401 884 6900		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL CONDOMINIUM					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT CLIFFORD			Vice President Name ALDEN HARRINGTON		
Street Address 32 BAGY WRINKLE COVE			Street Address 31 BAGY WRINKLE COVE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name ALBERTA GOSS			Treasurer Name ROBERT CLIFFORD		
Street Address 5 BAGY WRINKLE COVE			Street Address 32 BAGY WRINKLE COVE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAMES BOTVIN			Director Name RICHARD MISCH		
Street Address 12 BAGY WRINKLE COVE			Street Address 30 BAGY WRINKLE COVE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
60	\$1.00 PAR VALUE		ZERO		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
THIS SECTION MUST BE COMPLETED					

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.

 01/03/08
Signature Date

ROBERT CLIFFORD

Print or Type Name

PRESIDENT

Title

FILED

File Date
JAN 07 2008

Check No.
By 

FOR SECRETARY OF STATE USE ONLY