



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 68851		2. Name of Corporation Cowesett Meadows	
3. State of Incorporation Rhode Island	4. Corporate address in Rhode Island - Street Address 181 Knight St		City Warwick
			Zip 02886
5. Foreign corporation: Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Condominium Management			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Steven F. Perry		Vice President Name	
Street Address 59 / Kristee Circle		Street Address	
City West Warwick	State RI	Zip 02893	City
Secretary Name Linda LaFleur		Treasurer Name JAKE GOLDMAN	
Street Address 38 Kristee Circle		Street Address 36 Kristee Circle	
City West Warwick	State RI	Zip 02893	City West Warwick
			State RI
			Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Steven F. Perry		Director Name JAKE GOLDMAN	
Street Address 59 / Kristee Circle		Street Address 36 Kristee Circle	
City West Warwick	State RI	Zip 02893	City West Warwick
			State RI
			Zip 02893
Director Name Linda LaFleur		Director Name	
Street Address 38 Kristee Circle		Street Address	
City West Warwick	State RI	Zip 02893	City
			State
			Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name RIPAC/John P Morgan		Address	
Address 181 Knight St		City Warwick	Zip 02886

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

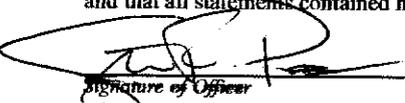
File Date: JUN 20 2008

Check No.: 39159

By: _____

FOR SECRETARY OF STATE USE ONLY

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.


Signature of Officer
Steven F. Perry
Print or Type Name of Officer
President
Title of Officer

6/16/08
Date