



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

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 67756		2. Name of Corporation: COVE PROPERTY MANAGEMENT OF WICKFORD, INC			
3. Street Address: Principal Business Office 58 COLLATION CIRCLE			City N KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-295-5934		5. State of Incorporation: RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island: TO OWN, DEVELOP, REPAIR, SELL, RENT, AND GENERALLY DEAL WITH REAL AND PERSONAL PROPERTY.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name: ROBERT G. JOHNSTON			Vice President Name:		
Street Address: 8 SCHOONER COVE ROAD			Street Address:		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name: DARLENE HEARD			Treasurer Name: STEPHEN HEARD		
Street Address: 41 NEWPORT AVE			Street Address: 41 NEWPORT AVE		
City N KINGSTOWN	State RI	Zip 02852	City N KINGSTOWN	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name: ROBERT G. JOHNSTON			Director Name: DARLENE HEARD		
Street Address: 8 SCHOONER COVE ROAD			Street Address: 41 NEWPORT AVE		
City NARRAGANSETT	State RI	Zip 02882	City N KINGSTOWN	State RI	Zip 02852
Director Name:			Director Name:		
Street Address:			Street Address:		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
8,000	COMMON STOCK	\$1.00	2,000	COMMON STOCK	\$1.00

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.

FILED

File Date

FEB 18 2009

Check No.

By **3314**

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

ROBERT G. JOHNSTON

Print or Type Name

PRESIDENT

Title

Date

2-19-09