

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 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. Corporate ID No. <b>6775</b> 7	2. Name of Co COVE PI	1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribe 2. Name of Corporation  COVE PROPERTIES OF WICKFORD, INC					
3. Street Address Principal Business Office 58 COLLATION CIRCLE			CHY N. KINGSTOWN	State	Zip		
4. Business Phone No. 5. State of Incorpor 401-295-5934 RHODE ISL.			ration	<u>  RI</u>	02852		
6. Brief Description of the Char TO OWN, DEVELOP,	REPAIR, SELL, R	icled in Rhode Island ENT, AND GENERALI	Y DEAL WITH DEAL AND D	ERSONAL PROPERTY			
President Name ROBERT G. JOHNSTON			ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name				
Street Address 8 SCHOONER COVE ROAD			Street Address				
NARRAGANSETT	State RI	Ζψ 02882	City	State	Zip		
DARLENE HEARD			Treasurer Name STEPHEN HEARD				
41 NEWPORT AVE			Street Address 41 NEWPORT AVE				
N. KINGSTOWN	State RI	Ζφ <b>028</b> 52	City N. KINGGTOWN	State	Zψ		
Process AND ADDRESS  Process A	ON	CTORS: ("X" BOX FOR	R ATTACHMENT) [ FILL IN	SPACES BEFORE USING	ATTACHMENTS		
SCHOONER COVE	ROAD		Street Address				
WARRAGANSETT	State RI	Ζτρ <b>02882</b>	Gity:	State	Zip		
irector Name		***************************************	Director Name				
eel Address			Street Address				
(1)	State	Zψ	City	Stette	Zip		
SHARES AUTHORIZED THORIZED SHARES mber of Shares		TTACHMENT)	10. SHARES ISSUED ISSUED SHARES — THIS SEC	("X" BOX FOR ATTACHMITION MUST BE COMPLETED	ENT)		
Class series Par Value			Number of Shares	Class Series	Par Value		
CON	IMON STOCK	\$1.00	2,000	COMMON STOC	\$1.00		
	3 1 10 0			poration is in the hands of			
is report must be execute s report must be executed	CION behalf of the	COTTOCKATION has a					

M	NL	ر ١
40	192	·
	+ 40	ARY OF STATE USE ONLY

contained Perein are	DADADO SCHAGAL	d affirm that I	I have examined this report, ents, and that all statements
Signature			Date
ROBERT G.	JOHNSTO	NC	
Print or Type Name	<del>-</del>		
<b>PRESIDENT</b>			~
Title	······································		<del></del>
			Form 630 Rev. 12/06