



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 555006		2. Exact name of the Corporation COVENTRY MEADOWS DEVELOPMENT CORP. II			
3. Principal office address 14 Manchester Circle		City COVENTRY	State RI	Zip 02816	
4. Business Phone No. 828-4367		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island ANY LAWFULL BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name HAROLD L. TRAFFORD, JR.			Vice-President Name DAN SHEA		
Street Address 15 CENTRE STREET			Street Address 55 TRELLIS DRIVE		
City COVENTRY	State RI	Zip 02816	City WEST WARWICK	State RI	Zip 02893
Secretary Name ROBERT I. ELDRED			Treasurer Name MAUREEN K. JENDZEJEC		
Street Address 562 PLAINFIELD PIKE			Street Address 26 Robins Drive		
City GREENE	State RI	Zip 02827	City COVENTRY	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name HAROLD L. TRAFFORD, JR.			Director Name DAN SHEA		
Street Address 15 CENTRE STREET			Street Address 55 TRELLIS DRIVE		
City COVENTRY	State RI	Zip 02816	City WEST WARWICK	State RI	Zip 02893
Director Name ROBERT I. ELDRED			Director Name MAUREEN K. JENDZEJEC		
Street Address 562 PLAINFIELD PIKE			Street Address 26 Robins Drive		
City GREENE	State RI	Zip 02827	City COVENTRY	State RI	Zip 02816
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			501		No par value

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.

File Date _____

Check No _____

By: _____

FILED

FOR SECRETARY OF STATE USE ONLY

MAR 21 2013

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.

Harold L. Trafford, Jr. 2-19-13
Signature of Authorized Representative Date

HAROLD L. TRAFFORD, JR.

Print or Type Name of Authorized Representative

By *MNC*
CA #2476