



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 **2014**

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. 4984		2. Exact name of the Corporation Cove Haven Corporation			
3. Principal office address 101 Narragansett Ave		City Barrington	State RI	Zip 02806	
4. Business Phone No. 401-246-1600		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Full Service Marina					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name A. Rives Potts		Vice-President Name J. Michael Keyworth			
Street Address Ingham Hill Rd		Street Address 35 Allen Ave			
City Essex	State CT	Zip 06424	City Barrington	State RI	Zip 02806
Secretary Name J Michael Keyworth		Treasurer Name John Brewer Jr			
Street Address 35 Allen Ave		Street Address 96 Mountainwood Ct			
City Barrington	State RI	Zip 02806	City Stamford	State RI	Zip 06903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Brewer Jr		Director Name John McMahon			
Street Address 96 Mountainwood Rd		Street Address Whiting Farms Rd			
City Stamford	State CT	Zip 06903	City Branford	State CT	Zip 06405
Director Name A. Rives Potts		Director Name -----			
Street Address Ingham Hill Rd		Street Address -----			
City Essex	State CT	Zip 06424	City -----	State -----	Zip -----
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
			800	---	\$10.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 28 2014

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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.

01/27/2014

Signature of Authorized Representative

Date

J. Michael Keyworth

Print or Type Name of Authorized Representative