



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. 4988		2. Exact name of the Corporation COVE ROAD DEVELOPMENT CORP.			
3. Principal office address 33 GLEN HILLS DRIVE		City CRAWSTON	State RI	Zip 02920	
4. Business Phone No. 401 942-1666		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT & LAND HOLDING COMPANY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GARY T. MALLOY			Vice-President Name KEVIN T. MALLOY		
Street Address 1 WEST EXCHANGE			Street Address 33 GREENWICH WAY		
City PROV	State RI	Zip 02903	City W. WARW	State RI	Zip 02893
Secretary Name ERIN K. ACETO			Treasurer Name KERRY ANN MALLOY		
Street Address 7 LANDSAY LANE			Street Address 33 GLEN HILLS DR		
City CRAWSTON	State RI	Zip 02921	City CRAW	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name THOMAS F. MALLOY			Director Name CHRIS MALLOY		
Street Address 36 PERENNIAL DR			Street Address 6 TALON COURT		
City CRAW	State RI	Zip 02920	City HOPE	State RI	Zip 02831
Director Name KEVIN MALLOY			Director Name GARY MALLOY		
Street Address 33 GREENWICH WAY			Street Address 1 WEST EXCHANGE		
City W. WARW	State RI	Zip 02893	City PROV	State RI	Zip 02903
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	
NONE		N/A		NONE	

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

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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.

Signature of Authorized Representative

3/20/14
Date

KEVIN T. MALLOY
Print or Type Name of Authorized Representative