



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 39283		2. Exact name of the Corporation Cowesett Green Estates Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island own, operate and maintain common property land of members			
5. Principal office address 140 Cowesett Green Drive		City Warwick	State RI	Zip 02886	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alan St. Amand			Vice-President Name Stephen Coffey		
Street Address 70 Hallmark Drive			Street Address 6 Bright Water Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Rob Winsor			Treasurer Name Anthony F. Amalfetano		
Street Address 88 Cowesett Green Drive			Street Address 140 Cowesett Green Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Alan St. Amand			Director Name Rob Winsor		
Street Address 70 Hallmark Drive			Street Address 88 Cowesett Green Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name William Boyd			Director Name Richard Haduch		
Street Address 6 Green Meadow Drive			Street Address 46 Hallmark Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

Check No _____

By: _____ BY 1054

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 of Officer or Authorized Representative

5/16/2014

Date

Anthony F. Amalfetano - Treasurer

Print or Type Name of Officer or Authorized Representative