

1. Entity ID No.

39283

3. State of Incorporation

5. Principal office address

140 Cowesett Green Drive

Rhode Island

President Name

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.

2. Exact name of the Corporation

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

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

4. Brief description of the character of business conducted in Rhode Island

own, operate and maintain common property land of members

City **Warwick**

Vice-President Name

State **RI**

Zip 02886

Cowesett Green Estates Association, Inc.

Alan St. Amand Street Address			Stephen Coffey Street Address		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Secretary Name			Treasurer Name		
Rob Winsor			Anthony F. Amalfetano		
Street Address			Street Address		
88 Cowesett Green Drive			140 Cowesett Green Drive		
City	State	Zip	City	State	Zip
Varwick	RI	02886	Warwick	RI	02886
LIST <u>ALL</u> DIRECTO ("X" BOX FOR ATT	ORS (NAMES AND ADD ACHMENT)	PRESSES). RHODE ISLAN	D CORPORATIONS MUST	LIST NO LESS THAN	
Director Name			Director Name		
Alan St. Amand			Rob Winsor		
Street Address			Street Address		
70 Hallmark Drive			88 Cowesett Green Drive		
ity	State	Zip	City	State	Zip
/arwick	Ri	02886	Warwick	RI	02886
irector Name		***************************************	Director Name	J	
William Boyd			Richard Haduch		
Street Address			Street Address		
Green Meadow	Drive		46 Hallmark Drive		
ity	State	Zip	City	State	Ζip
Varwick	RI	02886	Warwick	RI	02886
REGISTERED AGEN	IT IN RHODE ISLAND			- 17	
nis information is cu	rrently of record in the	Office of the Secretary of	f State. Changes require fil	ing Form 641.	
nis report must be sign Trustee	ed by either the Preside	ent, Vice-President, Secreta	ry, Assistant Secretary, Treas	surer, duly Authorized F	Representative, Receive
File Date		FILED MAY 1 9 2014	Under penalty of perju this report, including a and that all statement	ry, I declare and affirm try accompanying scl profilined herein are	n that I have examined nedules and statemen true and correct.
		1856	-		5/16/2014
By:	BY	7009	Ci		
		7009	Cignature of Officer or A	uthorized Representati	ve Date
By:		7007		•	ve Date
-		7009	Anthony F. Amalfe Print or Type Name of O	etano - Treasurer	