RI SOS Filing Number: 201441270470 Date: 06/16/2014 2:54 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000089572

2. Name of Corporation COVE HOMES INCORPORATED

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 146 FIRST AVENUE
City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDING ELDERLY PERSONS, LOW-INCOME PERSONS, HANDICAPPED PERSONS WITH HOUSING FACILITIES & SERVICES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RUTH FEDER	59 LARCH ROAD EAST GREEWICH, RI 02818 USA
SECRETARY	MARCIA SULLIVAN	146 FIRST AVENUE EAST GREENWICH, RI 02818 USA

DIRECTOR	CYNTHIA WHITE OVERTON	464 CEDAR AVENUE EAST GREENWICH, RI 02818 USA
DIRECTOR	JOHN LARSEN	6 HIGHBANK TRAIL PLYMOUTH, MA 02360 USA
DIRECTOR	CLAIRE MARTINS	471 CHILD STREET WARREN, RI 02885 USA
DIRECTOR	EILEEN FITZGERALD	167 DARROW DRIVE WARWICK, RI 02886 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DREW KAPLAN ONE PARK ROW SUITE 300 PROVIDENCE , RI 02903

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

Signed this 16 Day of June, 2014 at 2:55:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARCIA SULLIVAN
Signature of Authorized Person

Form No. 631
Revised 09/07