



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 2015

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. <u>30902</u>		2. Exact name of the Corporation <u>Cove Eight, Inc</u>			
3. State of Incorporation <u>R.I</u>		4. Brief description of the character of business conducted in Rhode Island <u>Recreation</u>			
5. Principal office address <u>47 Maple Valley Rd</u>		City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name <u>Rene Charbonneau</u>		Vice-President Name <u>Matt Byrd</u>			
Street Address <u>32 Teakwood Dr.</u>		Street Address <u>135 Second St</u>			
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>E. Providence</u>	State <u>RI</u>	Zip <u>02914</u>
Secretary Name <u>Wendy Bettez</u>		Treasurer Name <u>Shirley Petrarca</u>			
Street Address <u>32 Wright Dr.</u>		Street Address <u>47 Maple Valley Rd</u>			
City <u>Danielson</u>	State <u>CT</u>	Zip <u>06239</u>	City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name <u>Joe Viveros</u>		Director Name <u>Robert Barrett</u>			
Street Address <u>P.O. Box 302</u>		Street Address <u>626 School House Rd</u>			
City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>	City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>
Director Name <u>Greg Levette</u>		Director Name <u>Gary Pershean</u>			
Street Address <u>139 Towne Farm Rd</u>		Street Address <u>Colvintown Rd</u>			
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>Coventry</u>	State <u>RI</u>	Zip <u>02814</u>
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

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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.

Shirley A. Petrarca 6-1-2015
Signature of Officer or Authorized Representative Date

Shirley A. Petrarca
Print or Type Name of Officer or Authorized Representative

File Date _____
Check No _____
By: _____ BY _____
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