



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

Fee: \$50.00

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

2015
Filing Period: January 1 - March 1

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000067757

2. Name of Corporation Cove Properties of Wickford, Inc.

3. Street Address Principal Business Office:

No. and Street: 58 COLLATION CIRCLE
City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 Country: USA

4. Business Phone No.

401-295-5934

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

TO OWN, DEVELOP, REPAIR, SELL, RENT, AND GENERALLY DEAL WITH REAL AND PERSONAL PROPERTY.

FILED

7. Names and Addresses of the Officers and Directors:

OCT 08 2015

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 If officers and directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT G. JOHNSTON	8 SCHOONER COVE ROAD NARRAGANSETT, RI 02882 USA
	Marjorie Johnston	58 Collation Circle North Kingstown, RI 02852-5516 United States

8. Shares Authorized and Issued

Total Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	and Outstanding Num of Shares
CWP	Islar of	\$1.0000	8,000.00	2,000.00

9. 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.

Filer's Contact Information
 (Enter a contact name, mailing address and email.)
 Contact Name: Marjorie Johnston
 Business Name: Cove PROPERTIES OF WICKFORD
 No. and Street: 58 Collation Circle
 City or Town: North Kingstown State: RI Zip: 02852-5516 Country: USA
 Contact Phone: (401) 295-5934 ext:
 Contact Email: maschman@cox.net

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 5 Day of October, 2015 at 7:43:34 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By Robert G. Johnston
 Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
 Revised 09/07

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FILED
 OCT 08 2015
 BY JD 67757
CH 4585