



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation			
23737		Greenwich Cove Associates			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Condo Association			
5. Principal Office Address		City	State	Zip	
60 Oak Grove Street		Warwick	R.I.	02818	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Barrett		Vice-President Name Eugene Boudreau			
Street Address 66 Oak Grove St.		Street Address 60 Oak Grove St.			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Secretary Name Eugene Boudreau		Treasurer Name Eugene Boudreau			
Street Address 60 Oak Grove St.		Street Address 60 Oak Grove Street			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marvin Gordon		Director Name Eugene Boudreau			
Street Address 62 Oak Grove St.		Street Address 60 Oak Grove St.			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Director Name Mark Barrett		Director Name			
Street Address 66 Oak Grove St.		Street Address			
City Warwick	State RI	Zip 02818	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Mark Barrett				05/21/2016	
Signature of Officer/Authorized Representative					

FILED *SV*

JUN 06 2016

BY

1184