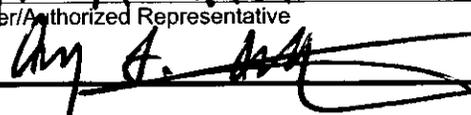




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 39283		2. Exact name of the Corporation Cowesett Green Estates Association, Inc.	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Own, operate and maintain common property land	
5. Principal Office Address 140 Cowesett Green Drive		City Warwick	State RI
		Zip 02886	
6. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
President Name Ralph Cuculo		Vice-President Name Michael Higgins	
Street Address 20 Hallmark Drive		Street Address 36 Hallmark Drive	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Secretary Name Kathleen Acciaoli		Treasurer Name Anthony Amalfetano	
Street Address 51 Bright Water Drive		Street Address 140 Cowesett Green Drive	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
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 Ralph Cuculo		Director Name Richard Haduch	
Street Address 20 Hallmark Drive		Street Address 46 Hallmark Drive	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Director Name Stephen Coffey		Director Name John Thompson	
Street Address 6 Brightwater Dr.		Street Address	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Anthony F. Amalfetano - Treasurer			Date 6-17-2016
Signature of Officer/Authorized Representative 			

FILED 

JUN 20 2016

BY 1071

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov