



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

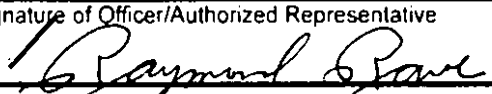
Annual Report for the year: **2017**

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 1261825		2. Exact name of the Corporation Countryside Estate Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Maintenance of all retention and detention ponds on that development entitled COUNTRYSIDE ESTATE COUNTRYSIDE WAY, WEST WARWICK, RHODE ISLAND			
4. NAICS Code 813312 - Environment, Conserv					
6. Principal Office Address 7 Northup Plat Road			City Coventry	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond Rave			Vice-President Name Raymond Rave		
Street Address 7 Northup Plat Road			Street Address 7 Northup Plat Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Raymond Rave			Treasurer Name Raymond Rave		
Street Address 7 Northup Plat Road			Street Address 7 Northup Plat Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. 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 Lori Rave			Director Name Geraldine Rave		
Street Address 7 Northup Plat Road			Street Address 7 Northup Plat Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Raymond Rave			Director Name		
Street Address 7 Northup Plat Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
9. 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 Raymond Rave				Date 9-6-17	
Signature of Officer/Authorized Representative 					

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

FILED

SEP 13 2017

BY

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FORM 631 - Revised: 06/2017