



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

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 555006		2. Exact name of the Corporation COVENTRY MEADOWS DEVELOPMENT CORP. II			
3. Principal Office Address 14 MANCHESTER CIRCLE		City COVENTRY		State RI	Zip 02816
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island ANY LAWFULL BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HAROLD L. TRAFFORD, JR.			Vice-President Name DAN SHEA		
Street Address 15 CENTRE STREET			Street Address 55 TRELIS DRIVE		
City COVENTRY	State RI	Zip 02816	City WEST WARWICK	State RI	Zip 02893
Secretary Name ROBERT I. ELDRED			Treasurer Name MAUREEN JENDZEJEC		
Street Address 562 PLAINFIELD PIKE			Street Address 26 ROBINS DRIVE		
City GREENE	State RI	Zip 02827	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HAROLD L. TRAFFORD, JR.			Director Name DAN SHEA		
Street Address 15 CENTRE STREET			Street Address 55 TRELIS DRIVE		
City COVENTRY	State RI	Zip 02816	City WEST WARWICK	State RI	Zip 02893
Director Name ROBERT I. ELDRED			Director Name MAUREEN JENDZEJEC		
Street Address 562 PLAINFIELD PIKE			Street Address 26 ROBINS DRIVE		
City GREENE	State RI	Zip 02827	City COVENTRY	State RI	Zip 02816
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/ST RIF S	PAR VALUE
		501			NO PAR VALUE
11. 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. <i>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>					
Name of Authorized Representative HAROLD L. TRAFFORD, JR.				Date 3-29-18	
Signature of Authorized Representative <i>Harold L. Trafford Jr.</i>		SIGN DOCUMENT HERE FILED			

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

APR 02 2018

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COVENTRY MEADOWS DEVELOPMENT CORP. II

Director

R. DAVID JERVIS
300 ABBOTTS CROSSING ROAD
COVENTRY, R.I. 02816