RI SOS Filing Number: 201866769320 Date: 5/21/2018 4:00:00 PM **Department of State - Business Services Division** Annual Report for the year: FILEDST! **Non-Profit Corporation** → Filing period: June 1 - June 30 MAY 2 I 2018 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30. 1. Entity ID Number 2. Exact name of the Corporation 000023737 GREENWICH COVE ASSOCIATES, INC. 3. State of Incorporation Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOCIATION RHODE ISLAND 4. NAICS Code 813990 -6. Principal Office Address City State Zip **60 OAK GROVE STREET EAST GREENWICH** RI 02818 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name MARK BARRETT Vice-President Name EUGENE A. BOUDREAU Street Address 66 OAK GROVE STREET Street Address 60 OAK GROVE STREET

Zip 02818

City State Zip State RI City EAST GREENWICH Zip 02818 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment \_\_\_ Director Name MARK BARRETT Director Name MARVIN GORDON Street Address 66 OAK GROVE STREET Street Address 62 OAK GROVE STREET City EAST GREENWICH State RI <sup>Zip</sup> 02818 City EAST GREENWICH <sup>Zip</sup> 02818 Director Name EUGENE A. BOUDREAU **Director Name** Street Address 60 OAK GROVE STREET Street Address City EAST GREENWICH State RI Zip 02818 City State Zıp 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641

City EAST GREENWICH

Treasurer Name DEBORA A. GORDON

Street Address 62 OAK GROVE STREET

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

DEBORA-A. GORDON

City EAST GREENWICH

Secretary Name

Street Address

State RI

Date

State

RI

Zip 02818

05/18/2018

Signature of OfficerAuthorized Representative

RSIGN DOCUMENTHERE

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 029 4-2615

Phone: (401) 222-3040