



Department of State - Business Services Division

Annual Report for the year:

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.

FILED ST:

MAY 21 2018

BY

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1. Entity ID Number 000023737		2. Exact name of the Corporation GREENWICH COVE ASSOCIATES, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOCIATION			
4. NAICS Code 813990 -					
6. Principal Office Address 60 OAK GROVE STREET		City EAST GREENWICH		State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK BARRETT			Vice-President Name EUGENE A. BOUDREAU		
Street Address 66 OAK GROVE STREET			Street Address 60 OAK GROVE STREET		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name			Treasurer Name DEBORA A. GORDON		
Street Address			Street Address 62 OAK GROVE STREET		
City	State	Zip	City EAST GREENWICH	State RI	Zip 02818
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 MARK BARRETT			Director Name MARVIN GORDON		
Street Address 66 OAK GROVE STREET			Street Address 62 OAK GROVE STREET		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 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	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative DEBORA A. GORDON				Date 05/18/2018	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
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