RI SOS Filing Number: 201988292450 Date: 3/7/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

State RI

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

3. Principal Office Address

4. NAICS Code 53

State of Incorporation **RHODE ISLAND**

City COVENTRY

City GREENE

Director Name

COVENTRY

City GREENE

9. Shares Authorized

Department of State.

14 MANCHESTER CIRCLE

53-REAL ESTATE AND RENTAL

Street Address 15 CENTRE STREET

Secretary Name ROBERT I. ELDRED

Street Address 562 PLAINFIELD PIKE

Street Address 15 CENTRE STREET

Director Name ROBERT I. ELDRED

Street Address 562 PLAINFIELD PIKE

This information is currently of record in the

List ALL directors (names and addresses)

HAROLD L. TRAFFORD, JR.

7. List ALL officers (names and addresses)

President Name HAROLD L. TRAFFORD, JR.

1. Entity ID Number

555006

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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		COVENTRY	1	State RI	Zip 02816	
	ription of the chara	cter of business o	conducted in Rho	de Island		
esses)	-		Check the box to indicate an attachment			
ORD, JR.		Vice-Presiden	Vice-President Name DAN SHEA			
		Street Address 55 TRELLIS DRIVE				
State RI	^{Zip} 02816	City WEST W	VARWICK	State RI	^{Zip} 02893	
		Treasurer Name MAUREEN JENDZEJEC				
E		Street Address 26 ROBINS DRIVE				
State RI	Zip 02827	City COVEN	TRY	State RI	· Zip 02816	
dresses)				eck the box to indica	ate an attachment 🖭	
RD, JR.		Director Name DAN SHEA				
		Street Address	^S 55 TRELLIS DR	RIVE		
State RI	^{Zip} 02816	City WEST W	VARWICK	State RI	Zip 02893	
<u> </u>	·····	Director Name		IDZEJEC		
E		Street Address 26 ROBINS DRIVE				
State RI	RI Zip 02827 Cit		TRY	State RI	^{Zip} 02816	
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In the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
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1, 1	This report must be executed on behalf of the corporation by an authorized representative	. If the corporation is in the hands of a receiver o
ust	ee, this report must be executed on behalf of the corporation by the receiver or trustee.	

Under penalty of perjury, I declare and affirm that I have examined this report, including by accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

HAROLD L. TRAFFORD, JR.

Changes require an additional filing.

MAR 07 2019

2-1-19

Signature of Authorized Representative

SIGN DOCUMEN**BY**IERE Hawall I-

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

COVENTRY MEADOWS DEVELOPMENT CORP. II

Director

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

FILED

MAR 07 2019

BY