



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

Annual Report for the year: **2019**

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

JUN 19 2019

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 DS

1. Entity ID Number 000068851		2. Exact name of the Corporation BY _____ Cowesett Meadows Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 181 Knight Street		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charlene White			Vice-President Name Edna Rubin		
Street Address 33 Kristee Circle			Street Address 60 Kristee Circle		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Tracy Garabedian			Treasurer Name Tracy Garabedian		
Street Address 19 Kristee Circle			Street Address 19 Kristee Circle		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 Charlene White			Director Name Edna Rubin		
Street Address 33 Kristee Circle			Street Address 60 Kristee Circle		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Tracy Garabedian			Director Name		
Street Address 19 Kristee Circle			Street Address		
City West Warwick	State RI	Zip 02893	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 Charlene White, President				Date 05/28/2019	
Signature of Officer/Authorized Representative <i>Charlene White</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov