



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000045587		2. Exact name of the Corporation Cormorant Cottage, Inc.			
3. Principal office address 178 Flax Hill Road, Unit C101			City Norwalk	State CT	Zip 06854
4. Business Phone No. 401-466-2523			5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island Property Management (531391)					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Renwick Case			Vice-President Name		
Street Address 178 Flax Hill Road, Unit C101			Street Address		
City Norwalk	State CT	Zip 06854	City	State	Zip
Secretary Name Renwick Case			Treasurer Name Renwick Case		
Street Address 178 Flax Hill Road, Unit C101			Street Address 178 Flax Hill Road, Unit C101		
City Norwalk	State CT	Zip 06854	City Norwalk	State CT	Zip 06854
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name Renwick Case			Director Name		
Street Address 178 Flax Hill Road, Unit C101			Street Address		
City Norwalk	State CT	Zip 06854	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	100	0
					0

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.

File Date
 Check No.
 By
 FOR SECRETARY OF STATE USE ONLY

FILED

JAN 13 2020

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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.

Elliot Taubman
 Signature of Authorized Representative
 01/08/2020
 Date

Elliot Taubman
 Print or Type Name of Authorized Representative