

Annual Report for the year: **Limited Liability Company**

→ Filing period. September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1

	٦.
FILED	
51 g A M 51	
OCT 06 2020	
BY 27	
(A)	J (
. 0	''''

2. Exact narr	2. Exact name of the Limited Liability Company				
Cove View LLC					
4 Brief description of the character of business conducted in Rhode Island					
Residential dwelling Rental					
		,			
	_	City	State	Zip	
187 Grand View Dr.		Warwick	RI	02886	
bility Compan	y and Name or Title	1			
Maspoust Conlact Title Member					
187 Grand View Dr.		CityWarwick	State R	02886	
nd addresses)	of the Limited Liab	lity Company, IF APPLICABLE	DO NOT LIST ME	MBERS	
Manager Name			Manager Name		
Street Address			Street Address		
State	Zip	City	State	7 p	
Manager Name		Manager Name			
Street Address		Street Address			
State	Zip	City	State	Z·p	
·		C	heck the box to inc	licate an attachment	
on currently of	record with the RI I				
lare and affire	m that I have exan	nined this report, including an			
			Date /		
(VILLIAM A. MASO PUST 9/30/2020					
len	1				
	4 Bnef desc Res 4 Bnef desc Res bility Companion A STOPI A STOPI A STOPI But Discourage State State State	Cove Vie 4 Bnef description of the character of the Company and Name or Title As Spoust Dr. Ind addresses) of the Limited Liab State Zip State Zip In currently of record with the RI large and affirm that I have examinents contained herein are true	Cove View LLC 4 Bnef description of the character of business conducted in RI Residential dwelling Rend City View Dr. Colly Warwick Bully Company and Name or Title of Contact Person Contact Title Member City Warwick Indiaddresses) of the Limited Liability Company, IF APPLICABLE Manager Name Street Address State Zip City Manager Name Street Address State Zip City Con currently of record with the RI Department of State is accurate	Cove View LLC 4 Binef description of the character of business conducted in Rhode Island Residential dwelling Rendal City State Warwick RI bility Company and Name or Title of Contact Person Contact Title Member City State City State Contact Title Member City State City State State State State Manager Name Street Address State Zip City State Check the box to incomponents contained herein are true and correct. Date /	

MAIL TO:

Division of Business Services
448 W. River Street, Providence, Rhode Island 02904-2615

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