



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 AMENDED

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JAN 29 A 10:22

1. Entity ID Number 000023737		2. Exact name of the Corporation Greenwich Cove Associates, Inc			
3. State of Incorporation RI		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 ☐					
President Name Eugene A Boudreau			Vice-President Name Mark Barrett		
Street Address 60 Oak Grove Street			Street Address 66 Oak Grove Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Eugene A Boudreau			Director Name Mark Barrett		
Street Address 60 Oak Grove Street			Street Address 66 Oak Grove Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Jane Carpenter			Director Name		
Street Address 64 Oak Grove Street			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Eugene A Boudreau				Date 1/25/2021	
Signature of Officer/Authorized Representative <i>Eugene A Boudreau</i>					

FILED *m*

JAN 29 2021

BY *Cu* 10:22
 MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 29, 2021 10:22 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

