



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

FEB 23 2021

B-1504-05

1. Entity ID Number 67757		2. Exact name of the Corporation COVE PROPERTIES OF WICKFORD, INC.	
3. Principal Office Address 95 HULING ROAD		City NORTH KINGSTOWN	State RI
		Zip 02852	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island TO OWN, DEVELOP, REPAIR, SELL, RENT, AND GENERALLY DEAL WITH REAL AND PERSONAL PROPERTY		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROBERT JOHNSTON		Vice-President Name	
Street Address CENTER ROAD		Street Address	
City BLOCK ISLAND	State RI	City	State
Zip 02807		Zip	
Secretary Name STEPHEN HEARD		Treasurer Name	
Street Address 41 NEWPORT AVE		Street Address	
City NORTH KINGSTOWN	State RI	City	State
Zip 02852		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ROBERT JOHNSTON		Director Name	
Street Address CENTER ROAD		Street Address	
City BLOCK ISLAND	State RI	City	State
Zip 02852		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 8000	CLASS/SERIES COMMON
		PAR VALUE 1.00	
11. 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. 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.			
Name of Authorized Representative MARJORIE JOHNSTON		Date 2/17/2021	
Signature of Authorized Representative <i>Marjorie Johnston</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

FORM 630 - Revised: 08/2020