



**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.

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1. Entity ID Number 000555006		2. Exact name of the Corporation COVENTRY MEADOWS DEVELOPMENT CORP. II			
3. Principal Office Address 14 MANCHESTER CIRCLE		City COVENTRY		State RI	Zip 02816
4. NAICS Code 53-REAL ESTATE AND RE		6. Brief description of the character of business conducted in Rhode Island ANY LAWFULL BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ROBERT I. ELDRED			Vice-President Name DAN SHEA		
Street Address 562 PLAINFIELD			Street Address 55 TRELLIS DRIVE		
City GREENE	State RI	Zip 02827	City WEST WARWICK	State RI	Zip 02893
Secretary Name R. DAVID JERVIS			Treasurer Name MAUREEN JENDZEJEC		
Street Address 300 ABBOTS CROSSING ROAD			Street Address 26 ROBBINS WAY		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name ROBERT I. ELDRED			Director Name DAN SHEA		
Street Address 362 PLAINFIELD PIKE			Street Address 55 TRELLIS DRIVE		
City GREENE	State RI	Zip 02827	City WEST WARWICK	State RI	Zip 02816
Director Name R. DAVID JERVIS			Director Name MAUREEN JENDZEJEC		
Street Address 300 ABBOTT CROSSING ROAD			Street Address 26 ROBBINS DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		501			.01
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. <i>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>					
Name of Authorized Representative ROBERT I. ELDRED				Date 2/25/21	
Signature of Authorized Representative <i>Robert I. Eldred</i>					