



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

JUN 30 2021 P

BY 1128

Annual Report for the year: 2021  
 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.

1. Entity ID Number <b>001700982</b>		2. Exact name of the Corporation <b>COBBLESTONE VILLAGE CONDOMINIUM ASSOCIATION</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>THE FORMATION OF A CONDOMINIUM ASSOCIATION</b>	
4. NAICS Code <b>999999</b>			
6. Principal Office Address <b>63 CARRIAGE DRIVE</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02886</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>EVELYN C. MURRAY</b>		Vice-President Name /	
Street Address <b>63 CARRIAGE DRIVE</b>		Street Address /	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
Secretary Name <b>DOLORES WEHR</b>		Treasurer Name /	
Street Address <b>69 CARRIAGE DRIVE</b>		Street Address /	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>EVELYN C. MURRAY</b>		Director Name <b>SANDRA KOEHLER</b>	
Street Address <b>63 CARRIAGE DRIVE</b>		Street Address <b>64 CARRIAGE DRIVE</b>	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>
			State <b>RI</b>
			Zip <b>02886</b>
Director Name <b>DOLORES WEHR</b>		Director Name /	
Street Address <b>69 CARRIAGE DRIVE</b>		Street Address /	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>EVELYN C. MURRAY</b>			Date <b>27 JUN 2021</b>
Signature of Officer/Authorized Representative 			

MAIL TO:  
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