State of Rhode Island
Department of State - Business Services Division

FILED
NOV 02 2021
BY 1005

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	2. Exact name of the Corporation
000092887	Rosewood Estates Condominium Associates, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Administration, maintenance, repair, replacement, improvement, operation and management of condominium property.
4. NAICS Code: 813990 - Other Similar Organ	

6. Principal Office Address	City	State	Zip
185 Manville Hill Road, Unit 501	Cumberlans	RI	02864

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael Cedrone			Vice-President Name: None		
Street Address: 185 Manville Hill Road #306			Street Address:		
City: Cumberland	State: RI	Zip: 02864	City:	State:	Zip:
Secretary Name: Carolyn-Marie Dery			Treasurer Name: Jeanne Iavarone		
Street Address: 185 Manville Hill Road #104			Street Address: 185 Manville Hill Road #312		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Michael Cedrone			Director Name: Jacques Moreau		
Street Address: 185 Manville Hill Road #306			Street Address: 185 Manville Hill Road #204		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Director Name: Craig Polucha			Director Name: Jeanne Iavarone		
Street Address: 185 Manville Hill Road #102			Street Address: 185 Manville Hill Road #312		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Jeffrey Cordon as Managing Agent	10/10/2021

Signature of Officer/Authorized Representative: Jeffrey Cordon

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 631 - Revised: 08/2020