



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 DEC 12 PM 4:42

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000092887		2. Exact name of the Corporation Rosewood Estates Condominiums Associates, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Administration, maintenance, repair, replacement, operation and management of condominium property.			
4. NAICS Code 624230 - Emergency and Other R					
6. Principal Office Address 185 Mandville Hill Rd			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Cedrone			Vice-President Name NONE		
Street Address 185 Mandville 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 Mandville 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 <input type="checkbox"/>					
Director Name Michael Cedrone			Director Name Jacques Moreau		
Street Address 185 Mandville Hill Road			Street Address 185 Mandville Hill Rd #204		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Bruce Perry			Director Name Jeanne Iavarone		
Street Address 185 Mandville Hill Road #103			Street Address 185 Mandville 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.					
<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 Roger L Cummings as Managing Agent				Date 10/31/2022	
Signature of Officer/Authorized Representative <i>Roger Cummings</i>					

FILED

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