



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
STAMP

JUN 01 2023

EX-1209
OS

1. Entity ID Number 001696132		2. Exact name of the Corporation COVE'S EDGE SALES & MARKETING, INC.	
3. Principal Office Address 211 SHUN PIKE		City JOHNSTON	State RI
		Zip 02919	
4. NAICS Code 423390	6. Brief description of the character of business conducted in Rhode Island SALES OF TOOLS AND EQUIPMENT		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DANIEL BONALEWICZ		Vice-President Name LORELEI LUDOVICZ	
Street Address 211 SHUN PIKE		Street Address 211 SHUN PIKE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DANIEL BONALEWICZ		Director Name	
Street Address 211 SHUN PIKE		Street Address	
City JOHNSTON	State RI	City	State
Zip 02919		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON
		PAR VALUE NPV	
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 DAINEL BONALEWICZ		Date 05/22/2023	
Signature of Authorized Representative 			

MAIL TO:
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