



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

2024

**Annual Report for the year:
Non-Profit Corporation**

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

REC'D RIDOS BSD
24 APR 5 AM 11:57:05

1. Entity ID Number 001700982		2. Exact name of the Corporation Cobblestone Village Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Managing a community of condominium owners			
4. NAICS Code 813910					
6. Principal Office Address 77 Carriage Drive			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sheryl A Bulawka			Vice-President Name Patricia Martin		
Street Address 77 Carriage Drive			Street Address 53 Carriage Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Julie Tolento			Treasurer Name Sheryl A Bulawka		
Street Address 37 Carriage Drive			Street Address 77 Carriage Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Sandra Koehler			Director Name Kathleen Soscia		
Street Address 64 Carriage Drive			Street Address 96 Carriage Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Elaine Barrett			Director Name		
Street Address 45 Carriage Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
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 Sheryl A Bulawka				Date 04/05/2024	
Signature of Officer/Authorized Representative <i>Sheryl A Bulawka</i>				FILED 1157	

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

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