RI SOS Filing Number: 202450530470 Date: 4/9/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 09 2024
BY

Annual Report for the year: 2024
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.

1. Entity ID Number	2. Exact name of the Corporation
555006	COVENTRY MEADOWS DEVELOPMENT CORP. II
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: real estate
4. NAICS Code: 53111 0	

6. Principal Office Address	City	State	Zip
14 MANCHESTER CIRCLE	COVENTRY	RI	02816

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

President Name: ROBERT I. ELDRED			Vice-President Name: MAUREEN K.JENDZEJEC		
Street Address: 562 PLAINFIELD PIKE			Street Address: 26 ROBBINS DRIVE		
City: GREENE	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816
Secretary Name: R. DAVID JERVIS			Treasurer Name: MAUREEN K. JENDZEJEC		
Street Address: 300 ABBOTTS CROSSING ROAD			Street Address: 26 ROBBINS DRIVE		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816

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

Director Name: JANE DEPUTUAL			Director Name: PHIL REYNOLDS		
Street Address: 13C MANCHESTER CIRCLE			Street Address: ONE REYNOLDS COURT		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.

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
ROBERT I ELDRED	03/28/24

Signature of Officer/Authorized Representative: Robert I. Eldred

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: 12/2023