



State of Rhode Island  
Department of State - Business Services Division

FILED

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.

APR 19 2024

BY

1. Entity ID Number <b>555006</b>		2. Exact name of the Corporation <b>COVENTRY MEADOWS DEVELOPMENT CORP. II</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>real estate</b>			
4. NAICS Code <b>531110</b>					
6. Principal Office Address <b>14 MANCHESTER CIRCLE</b>		City <b>COVENTRY</b>		State <b>RI</b>	Zip <b>02816</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ROBERT I. ELDRED</b>			Vice-President Name <b>MAUREEN K. JENDZEJEC</b>		
Street Address <b>562 PLAINFIELD PIKE</b>			Street Address <b>26 ROBBINS DRIVE</b>		
City <b>GREENE</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>R. DAVID JERVIS</b>			Treasurer Name <b>MAUREEN K. JENDZEJEC</b>		
Street Address <b>300 ABBOTTS CROSSING ROAD</b>			Street Address <b>26 ROBBINS DRIVE</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JANE DEPUTUAL</b>			Director Name <b>PHIL REYNOLDS</b>		
Street Address <b>13C MANCHESTER CIRCLE</b>			Street Address <b>ONE REYNOLDS COURT</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
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.					
<b>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.</b>					
<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 <b>ROBERT I ELDRED</b>				Date <b>03/28/24</b>	
Signature of Officer/Authorized Representative <i>Robert I. Eldred</i>					

MAIL TO:

Division of Business Services

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