

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

**FILED**

Annual Report for the year: 2024  
 Limited Liability Company

JUL 12 2024  
 BY [Signature]

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

1. Entity ID Number <u>001680171</u>		2. Exact name of the Limited Liability Company <u>COVE VIEW, LLC</u>	
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Residential Rental</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>187 Grand View Dr</u>		City <u>Warwick</u>	State <u>RI</u>
Zip <u>02886</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>William A. MASOPUST</u>		Contact Title <u>member</u>	
Street Address <u>187 Grand View Dr</u>		City <u>Warwick</u>	State <u>RI</u>
Zip <u>02886</u>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. 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 Person <u>William A. MASOPUST</u>			Date <u>7-9-2024</u>
Signature of Authorized Person <u>[Signature]</u>			

**MAIL TO:**

**Division of Business Services**  
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