



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

FILED

Annual Report for the year: 2025

Corporation

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

FEB 03 2025 AA
BY 1430

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	Zip 02919	City JOHNSTON	
				State RI	
				Zip 02919	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				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	Zip 02919	City	
				State	
				Zip	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	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 DANIEL BONALEWICZ				Date 01/13/2025	
Signature of Authorized Representative					