State of Rhode Island
Department of State - Business Services Division

FILED
APR 25 2025
BY 2021

Annual Report for the year: 2025
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
000127038	SEVEN FARMS, INC.
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: TO ACT AS THE GENERAL PARTNER OF COVENTRY APARTMENTS, L.P. A RHODE ISLAND LIMITED PARTNERSHIP
4. NAICS Code: 624229-Other Communit	

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: MAUREEN K. JENDZEJEC			Vice-President Name: R. DAVID JERVIS		
Street Address: 26 ROBBINS DRIVE			Street Address: 300 ABBOTTS CROSSING ROAD		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816
Secretary Name: ROBERT I. ELDRED			Treasurer Name: R. DAVID JERVIS		
Street Address: 562 PLAINFIELD PIKE			Street Address: 300 ABBOTTS CROSSING ROAD		
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 DEPTULA			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: R. David Jervis			Director Name:		
Street Address: 300 Abbotts Crossing Rd			Street Address:		
City: Coventry	State: RI	Zip: 02816	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
MAUREEN K. JENDZEJEC	4/8/2025

Signature of Officer/Authorized Representative: Maureen K. Jendzejec

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