

**State of Rhode Island
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025**1. Corporate ID No.** 000030902**2. Name of Corporation** Cove-Eight, Inc.**3. State of Incorporation**State: RI**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990**4. Principal Office Address**No. and Street: OLD FLAT RIVER ROADCity or Town: COVENTRYState: RI Zip: 02816 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**RECREATIONAL**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title**Individual Name**

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

PRESIDENT	MATTHEW BYRD	135 SECOND STREET EAST PROVIDENCE, RI 02914 USA
TREASURER	WENDY BETTEZ	32 WRIGHT ROAD DANIELSON, CT 06239 USA
DIRECTOR	GARY PERSCHEAU	COLVENTOWN RD. COVENTRY, RI 02816 USA
DIRECTOR	MICHAEL BETTEZ	32 WRIGHT ROAD DANIELSON, CT 06239 USA
DIRECTOR	SHIRLEY PETRARCA	47 MAPLE VALLEY ROAD COVENTRY, RI 02816 USA
DIRECTOR	WENDY VAUGHN	POBOX 302 HOPE VALLEY, RI 02832 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SHIRLEY A. PETRARCA 47 MAPLE VALLEY ROAD COVENTRY , RI 02816

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 4 Day of May, 2025 at 12:37:39 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By WENDY BETTEZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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