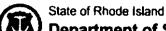
RI SOS Filing Number: 202225179530 Date: 12/12/2022 4:32:00 PM



Department of State - Business Services Division

Annual Report for the year: 2022
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.

R.I. DEPT. OF STATE
BUS SYCS DIV

2022 DEC 12 PM 4: 31

	•	•	 -	- 02C 12 P	14:31
1. Entity ID Number	2. Exact name of the Corporation				
000092887	Rosewood Estates Condominiums Associates,Inc				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Administration,maintenance,repair,replacement,operation and management of				
4. NAICS Code	condominium property.				
624230 - Emergency and Other R					
6. Principal Office Address			City	State	Zip
185 Mandville Hill Rd			Cumberland	RI	02864
7. List ALL officers (names and add		-	Che	ck the box to indicate	an attachment
President Name Michael Cedrone			Vice-President Name NONE		
Street Address 185 Mandville Hill Road #306			Street Address		
City Cumberland	State RI	^{Zip} 02864	City	State	Zip
Secretary Name Carolyn-Marie Dery			Treasurer Name Jeanne lavarone		
Street Address 185 Mandville Hill Road#104			Street Address 185 Manville Hill Road #312		
^{City} Cumberland	State RI	^{Zip} 02864	City Cumberland	State RI	^{Zip} 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Michael Cedrone			Director Name Jacques Moreau		
Street Address 185 Mandville Hill Road			Street Address 185 Mandville Hill Rd #204		
^{City} Cumberland	State RI	^{Zip} 02864	City Cumberland	State RI	^{Zip} 02864
Director Name Bruce Perry			Director Name Jeanne lavarone		
Street Address 185 Mandville Hill Road #103			Street Address 185 Mandville Hill Road #312		
^{City} Cumberland	State RI	^{Zip} 02864	City Cumberland	State RI	^{Zip} 02864
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, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Roger L Cummings as Managing Agent				10/31/2022	
Signature of Officer/Authorized Representative					
Roger Cummings FILED					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 1 2 2022

AA. 4:32 PM

FORM 631 - Revised: 11/2021