RI SOS Filing Number: 202336668930 Date: 6/7/2023 4:00:00 PM

Annual Report for the Corporation	_	R.I. DET BUS	ECEIVED PT. OF STATE SVCS DIV	STAMP			
 → Filing period: Februar → Filing Fee: \$50.00 → Penalty: Additional \$25 	•	ot filed by May 31.			-7 PM12:2		
1, Entity ID Number 000005024	· ·	2 Exact name of the Corporation Cowesett Realty Corporation					
3. Principal Office Address 1528 Cranston Street				City Cranston		Z _{IP} 02920	
1. NAICS Code	6. Brief descr	iption of the charac	ter of business c	onducted in Rhode	e Island		
531390	Buy, Sell	Buy, Sell, Construct and Lease Real Estate					
5. State of Incorporation Rhode Island							
. List ALL officers (names ar	nd addresses)				ck the box to ind	icate an attachment 🗆	
President Name Robert A. L'Europa			Vice-President Name Robert A. L'Europa				
Street Address 1528 Crans	Street Address 1528 Cranston Street						
^{City} Cranston	State RI	^{Zip} 02920	City Cranston		State RI	^{Z_{ip}} 02920	
Secretary Name Robert A.	L'Europa	1	Treasurer Narr	^{ne} Robert A. L'	Europa	•	
Street Address 1528 Crans	Street Address 1528 Cranston Street						
City Cranston	State RI	^{Z₁p} 02920	City Cranston		State RI	^{Zip} 02920	
3. List ALL directors (names	and addresses)	•	1=.		ck the box to ind	icate an attachment 🔲	
Director Name Robert A. L			Director Name				
Street Address 1528 Crans	Street Address						
Cranston	State RI	[/] p02920	City		State	7 гр	
Director Name	1	<u>l</u>	Director Name		ı		
Street Address			Street Address				
Dity	State	Zıp	City		State	Zip	
). Shares Authorized	I	10. Shares Iss	L ued	Che		ıcate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SE:	CLASS/SERIES PAR VALUE		
				CNP		\$0.0000	

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

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statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

Date

Robert A. L'Europa Signature of Authorized Repi

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 630 - Revised: 2/2023