



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 145263		2. Name of Corporation THE FOXGLOVE CORPORATION		
3. Street Address Principal Business Office 71 Main Street		City Wakefield	State RI	Zip 02879
4. Business Phone No. 401-783-6655		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island To own and operate a food service/restaurant				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Margaret Fradette		Vice President Name Joseph R. Sirianni		
Street Address P.O. Box 569		Street Address 32 Mossa Drive		
City Narragansett	State RI	Zip 02882	City Bristol	State CT
Secretary Name Nancy A. Sirianni		Treasurer Name Margaret Fradette		
Street Address 32 Mossa Drive		Street Address P.O. Box 569		
City Bristol	State CT	Zip 06010	City Narragansett	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Margaret Fradette		Director Name Joseph R. Sirianni		
Street Address P.O. Box 569		Street Address 32 Mossa Drive		
City Narragansett	State RI	Zip 02882	City Bristol	State CT
Director Name Nancy A. Sirianni		Director Name		
Street Address 32 Mossa Drive		Street Address		
City Bristol	State CT	Zip 06010	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100	No Par Value		100	Common
			Par Value No Par	

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.

Margaret Fradette 1-15-07
Signature Date

Margaret Fradette

Print or Type Name

President

Title

FILED	
File Date	JAN 23 2008
Check No.	849
By	
FOR SECRETARY OF STATE USE ONLY	