



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. 62360		2. Name of Corporation FOSTER COVE PROPERTIES INC			
3. Street Address Principal Business Office 75 KINGSTOWN RD		City WYOMING	State RI	Zip 02898	
4. Business Phone No. 401-491-9064		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MAINTENANCE AND RENTAL PROPERTIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAMELA G. SIROIS		Vice President Name K. SCOTT DUHAMEL			
Street Address 75 KINGSTOWN RD		Street Address 125 W. WILLOW LN			
City WYOMING	State RI	Zip 02898	City CHARLESTOWN	State RI	Zip 02813
Secretary Name TERRI L. HAMILTON		Treasurer Name PAMELA G. SIROIS			
Street Address 5350 POST RD		Street Address 75 KINGSTOWN RD			
City CHARLESTOWN	State RI	Zip 02813	City WYOMING	State RI	Zip 02898
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PAMELA G. SIROIS		Director Name TERRI L. HAMILTON			
Street Address 75 KINGSTOWN RD		Street Address 5350 POST RD			
City WYOMING	State RI	Zip 02898	City CHARLESTOWN	State RI	Zip 02813
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			1,000 NO PAR Common VALUE		
8,000 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.

FILED	
File Date	FEB 27 2008
Check No.	By 465
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

PAMELA G. SIROIS **2-25-08**
Signature Date
PAMELA G. SIROIS
Print or Type Name
PRESIDENT
Title