



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 27379		2. Name of Corporation FOSTER SENIOR HOUSING, INC.	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address P.O. Box 4 110 FOSTER CENTER ROAD; FOSTER 02825	
5. Foreign corporation. Enter principal office address NA		City NA	State NA
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island LOW INCOME SENIOR HOUSING			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name THOMAS WALDEN		Vice President Name PAUL MORRISSEY	
Street Address 103 CENTRAL PIKE		Street Address 30 HOWARD HILL ROAD	
City FOSTER	State RI	Zip 02825	City FOSTER
Secretary Name MARGARET M. SHIPPEE		Treasurer Name DENISE DIFRANCO	
Street Address 15 KING RD. P.O. BOX 4		Street Address 109 CENTRAL PIKE	
City FOSTER	State RI	Zip 02825	City FOSTER
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name ELWOOD HOPKINS		Director Name LINDA WALDEN	
Street Address 86 FOSTER CENTER RD		Street Address 103 CENTRAL PIKE	
City FOSTER	State RI	Zip 02825	City FOSTER
Director Name PHYLLIS T. GUSTAFSON		Director Name LYNNE S. RIDER	
Street Address 27A KENNEDY RD.		Street Address 20 BURGESS RD	
City FOSTER	State RI	Zip 02825	City FOSTER
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name MARGARET M. SHIPPEE		Address 110 FOSTER CENTER RD	
Address P.O. BOX 4		City FOSTER	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	
File Date	JUN 20 2008
Check No.	5516
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.

Margaret M Shippee
Signature of Officer
MARGARET M. SHIPPEE
Print or Type Name of Officer
SECRETARY
Title of Officer