



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 2010

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. 7112		2. Name of Corporation FOSTER DEVELOPMENT CORPORATION			
3. Street Address Principal Business Office 5 QUAIL HOLLOW ROAD			City CRANSTON	State RI	Zip 02920
4. Business Phone No. (401) 943-7426		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AMUSEMENTS AND REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ARTHUR PEPPER			Vice President Name ROCCO CARDILLO		
Street Address 42 LINCOLN DRIVE			Street Address 19 STATE STREET		
City JOHNSTON	State RI	Zip 02919	City CRANSTON	State RI	Zip 02920
Secretary Name BARBARA MACCARONE			Treasurer Name BARBARA MACCARONE		
Street Address 5 QUAIL HOLLOW ROAD			Street Address 5 QUAIL HOLLOW ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 89	Class/Series 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.

FILED	
File Date	JAN 08 2010
Check No.	By 1365
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.

Barbara (P. Maccarone) 1-05-10.
Signature Date
BARBARA MACCARONE
Print or Type Name
SECRETARY
Title