



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(c), 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 & 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 8,000 NO PAR			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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		Class/Series		Par Value	
1000		NO PAR VALUE			

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 04 2010**

Check No. **By 516**

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.

Signature Pamela G. Sirois Date 2-3-2010

Print or Type Name PAMELA G. SIROIS

Title PRESIDENT