



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

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.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000032564

**2. Name of Corporation** FOSTER COVE IMPROVEMENT ASSN

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: C/O J. NICOLOSI  
160 CLEARVIEW ROAD

City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO THE BENEFIT OF ASSOCIATION MEMBERS AND MAINTAIN COMMON PROPERTY OF MEMBERSHIP

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN NICOLOSI	160 CLEARVIEW ROAD CHARLESTOWN, RI 02813 USA
TREASURER	STEPHEN RICE	639 SALEM END

		FRAMINGHAM, MA 01702 USA
SECRETARY	RENATA HAYES	6 HEATHER LANE SIMSBURY, CT 06070 USA
VICE PRESIDENT	CHARLES CARVETTI	66 HOBSON STREET STAMFORD, CT 06902 USA
DIRECTOR	COURTNEY PARE	145 WEST 67TH STREET, 44D NEW YORK, NY 10023 USA
DIRECTOR	DAVID RICHMAN	40 WESTCLIFF DRIVE WEST HARTFORD, CT 06117 USA
DIRECTOR	DONNA CARRIS	27 WEST WILLOW LANE CHARLESTOWN, RI 02813 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHELLE HOOD 55 BUCKEYE BROOK ROAD CHARLESTOWN , RI 02813

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of June, 2014 at 10:37:56 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JOHN NICOLOSI  
Signature of Authorized Person

Form No. 631  
Revised 09/07