



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>47926</u>		2. Exact name of the Corporation <u>FOUR CORNERS Development Associates INC</u>		
3. Principal office address <u>4 Whipple Lane</u>		City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>
4. Business Phone No. <u>401-849-1689</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Holding Company</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Barbara A Scanlon</u>		Vice President Name <u>Raymond E Petric</u>		
Street Address <u>4 Whipple Lane</u>		Street Address <u>2211 Diamond Hill Road</u>		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City <u>Conditon</u>	State <u>RI</u>
Secretary Name		Treasurer Name		
Street Address <u>N/A</u>		Street Address <u>N/A</u>		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>Barbara A Scanlon</u>		Director Name <u>Raymond E Petric</u>		
Street Address <u>4 Whipple Lane</u>		Street Address <u>2211 Diamond Hill Road</u>		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City <u>Conditon</u>	State <u>RI</u>
Director Name <u>N/A</u>		Director Name <u>N/A</u>		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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.				
NUMBER OF SHARES <u>200</u>		CLASS/SERIES <u>Common</u>		PAR VALUE <u>None</u>

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 12 2015

BY CH 242191

3:07

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 A Scanlon 2/13/14  
Signature of Authorized Representative Date

Barbara A Scanlon  
Print or Type Name of Authorized Representative