



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 2015

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. 42059		2. Exact name of the Corporation Encore Development Corporation						
3. Principal office address 8 Blackstone Valley Place			City Lincoln	State RI	Zip 02865			
4. Business Phone No. 401-334-4100			5. State of Incorporation Rhode Island					
6. Brief description of the character of business conducted in Rhode Island Real Estate.								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Larry D. Riggs			Vice-President Name George G. Palmisciano					
Street Address 11 Camelot Way			Street Address 80 Bungy Road					
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857			
Secretary Name Ernest O. Rabideau, Jr.			Treasurer Name Larry D. Riggs					
Street Address 17 Sandra Drive			Street Address 11 Camelot Way					
City Bristol	State RI	Zip 02809	City North Scituate	State RI	Zip 02857			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Larry D. Riggs			Director Name George G. Palmisciano					
Street Address 11 Camelot Way			Street Address 80 Bungy Road					
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857			
Director Name Ernest O. Rabideau, Jr.			Director Name					
Street Address 17 Sandra Drive			Street Address					
City Bristol	State RI	Zip 02809	City	State	Zip			
9. SHARES AUTHORIZED			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.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						372	COMMON	NONE

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
MAR 02 2015

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.

Larry D. Riggs, Pres. 2/12/15
 Signature of Authorized Representative Date
Larry D. Riggs, President
 Print or Type Name of Authorized Representative

BY 14166