



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** 2016

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. <b>47926</b>		2. Exact name of the Corporation <b>Fox Corporate Development Associates, Inc</b>			
3. Principal office address <b>4 Whipple Lane</b>			City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
4. Business Phone No. <b>401-949-1689</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Holding Company</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Barbara A. Segalow</b>			Vice President Name <b>Raymond E. Pafano</b>		
Street Address <b>4 Whipple Lane</b>			Street Address <b>2211 Squand Hill Road</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Coonshill</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>N/A</b>			Treasurer Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>Barbara A. Segalow</b>			Director Name <b>Raymond E. Pafano</b>		
Street Address <b>4 Whipple Lane</b>			Street Address <b>2211 Squand Hill Road</b>		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Coonshill</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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.					

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 1  
 Check No **3394 9 50**  
 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.

**FILED**  
 JAN 15 2016  
 Signature of Authorized Representative: Barbara A. Segalow 1/8/16  
 Date  
 Print or Type Name of Authorized Representative: Barbara A. Segalow

BY 3394