



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.

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|--|--------------------|--|--|--------------------------|---------------------|
| 1. Entity ID No. 47926 | | 2. Exact name of the Corporation Fox Corporate Development Associates, Inc | | | |
| 3. Principal office address 4 Whipple Lane | | | City Cranville | State RI | Zip 02928 |
| 4. Business Phone No. 401-949-1689 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Barbara A. Segalow | | | Vice President Name Raymond E. Pafano | | |
| Street Address 4 Whipple Lane | | | Street Address 2211 Squand Hill Road | | |
| City Cranville | State RI | Zip 02928 | City Cranston | State RI | Zip 02864 |
| Secretary Name N/A | | | Treasurer Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Barbara A. Segalow | | | Director Name Raymond E. Pafano | | |
| Street Address 4 Whipple Lane | | | Street Address 2211 Squand Hill Road | | |
| City Cranville | State RI | Zip 02928 | City Cranston | State RI | Zip 02864 |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 200 | | CLASS/SERIES Common | | PAR VALUE 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: **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**