



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. 44746		2. Exact name of the Corporation FOSTER CONSTRUCTION, INC.		
3. Principal office address PO BOX 7114		City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-864-1009		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island MASONRY				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name JEFFREY FOSTER		Vice-President Name		
Street Address 42 BEGONIA DRIVE		Street Address		
City CRANSTON	State RI	Zip 02910	City	State Zip
Secretary Name JEFFREY FOSTER		Treasurer Name JEFFREY FOSTER		
Street Address SEE ABOVE		Street Address SEE ABOVE		
City	State	Zip	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name JEFFREY FOSTER		Director Name		
Street Address SEE ABOVE		Street Address		
City	State	Zip	City	State Zip
Director Name		Director Name		
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	CLASS/SERIES	PAR VALUE
		300	COMMON	NO PAR VALUE

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

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

Jeffrey Foster
 Signature of Authorized Representative Date **01/27/2016**

FEB 11 2016

JEFFREY FOSTER
 Print or Type Name of Authorized Representative

RV KL 6235