RI SOS Filing Number: 201699323540 Date: 05/24/2016 12:47 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000163446

2. Name of Corporation Foster Parrots Ltd.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 87 WOODVILLE ALTON RD.
City or Town: HOPE VALLEY State: RI Zip: 02832 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PARROT SANCTUARY, EXOTIC PETS, ETC.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARC EVERETT JOHNSON	35 VERNON ST. ROCKLAND, MA 02370 USA
TREASURER	KAREN MARIE WINDSOR	35 VERNON ST ROCKLAND, MA 02370 USA
SECRETARY	JAMES HAHN	65 LINCOLN AVE. QUINCY, MA 02170 USA
MS	ANDREA GRUBER	83 PLEASANT ST. LEXINGTON, MA 02421 USA

DIRECTOR	HANK WIETSMA WIETSMA	7440 POST RD N. KINGSTOWN , RI 02852 USA
DIRECTOR	STEPHANIE YOUNG	34 FRIEL FARM WAY HOPE VALLEY, RI 02832 USA
DIRECTOR	SUSAN SHERIDAN	28 NORTH MEADOWS LN. STAMFORD, CT 06903 USA
DIRECTOR	JOSEPH CORREIA	77 KNOWLES ST. PROVIDENCE , RI 02906 USA
DIRECTOR	ROY DUBS	10 WICASTA FARM RD. HOPE VALLEY, RI 02832 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PATTY GLASURE 87 WOODVILLE-ALTON ROAD HOPKINTON , RI 02833

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 24 Day of May, 2016 at 12:50:15 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DANIKA ORIOL-MORWAY
Signature of Authorized Person

Form No. 631
Revised 09/07