

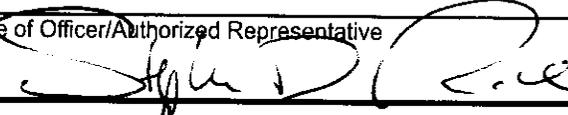


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 27 AM 10:50

1. Entity ID Number 32564		2. Exact name of the Corporation Foster Cove Improvement ASSN			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Property Owners' Association for Foster Cove neighborhood in Charlestown, RI			
4. NAICS Code 813990 - Other Similar Orgar <input type="checkbox"/>					
6. Principal Office Address c/o Stephen Rice, 82 Wildflower Road		City Charlestown	State RI	Zip 02813	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Nicolosi		Vice-President Name None			
Street Address 160 Clearview Road		Street Address			
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Marcia Sullivan		Treasurer Name Stephen D. Rice			
Street Address 121 West Willow Lane		Street Address 82 Wildflower Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Nicolosi		Director Name Richard Jackson			
Street Address 160 Clearview Road		Street Address 5 Crystal Court			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name Marcia Sullivan		Director Name Stephen D. Rice			
Street Address 121 West Willow Lane		Street Address 82 Wildflower Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Stephen D. Rice				Date June 24, 2017	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUN 27 2017 *OL*

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BY _____