



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.

|  |                 |   |   |                           |                     |
|--|-----------------|---|---|---------------------------|---------------------|
| 1. Entity ID Number<br><b>000 110256</b>   |                 | 2. Exact name of the Corporation<br><b>Foster Land Trust</b>  |   |                           |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><br><b>To acquire, hold and manage land for use and preservation</b> |   |                           |                     |
| 4. NAICS Code<br><b>813312 - Environment, Conserv</b>  |                 |   |   |                           |                     |
| 6. Principal Office Address<br><b>181 Howard Hill Road</b>   |                 |   | City<br><b>Foster</b>                         | State<br><b>RI</b>        | Zip<br><b>02825</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |                           |                     |
| President Name <b>Linda Los Tibbetts</b>   |                 |   | Vice-President Name <b>Myra Mercier</b>       |                           |                     |
| Street Address <b>16 Mill Road</b>   |                 |   | Street Address <b>3 1/2 Burgess Road</b>      |                           |                     |
| City <b>Foster</b>   | State <b>RI</b> | Zip <b>02825</b>  | City <b>Foster</b>                            | State <b>RI</b>           | Zip <b>02825</b>    |
| Secretary Name <b>Kristen Cole</b>   |                 |   | Treasurer Name <b>Walter May</b>              |                           |                     |
| Street Address <b>125 East Killingly Road</b>  |                 |   | Street Address <b>29 Anthony Road</b>         |                           |                     |
| City <b>Foster</b>   | State <b>RI</b> | Zip <b>02825</b>  | City <b>Foster</b>                            | State <b>RI</b>           | Zip <b>02825</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |   |                           |                     |
| Director Name <b>Michael Carpenter</b>   |                 |   | Director Name <b>Dennis Therrien</b>          |                           |                     |
| Street Address <b>42 Danielson Pike</b>  |                 |   | Street Address <b>49 South Killingly Road</b> |                           |                     |
| City <b>Foster</b>   | State <b>RI</b> | Zip <b>02825</b>  | City <b>Foser</b>                             | State <b>RI</b>           | Zip <b>02825</b>    |
| Director Name <b>Tom Boyden</b>  |                 |   | Director Name <b>none</b>                     |                           |                     |
| Street Address <b>20 King Road</b>   |                 |   | Street Address <b>none</b>                    |                           |                     |
| City <b>Foster</b>   | State <b>RI</b> | Zip <b>02825</b>  | City <b>none</b>                              | State <b>none</b>         | Zip <b>none</b>     |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                 |   |   |                           |                     |
| <b>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.</b>        |                 |   |   |                           |                     |
| <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<br><b>Linda Los Tibbetts, Chair, Foster Land Trust (President)</b>   |                 |   |   | Date<br><b>07/12/2017</b> |                     |
| Signature of Officer/Authorized Representative<br><i>Linda Los Tibbetts</i>  |                 |   |   |                           |                     |

**FILED**

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