

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:

July 31, 2018

- **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 <b>32564</b>	I	2. Exact name of the Corporation  Foster Cove Improvement Association				
3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Property Ov	wners' Associatior	n for Foster Cove neighborho	od in Charlestown, R	hode Island.	
4 NAICS Code						
813990 - Other Similar Orga	ut 🛨 📗					
6. Principal Office Address			City	State	Zip	
c/o Stephen Rice, 82 Wildflower Road			Charlestown	RI	02813	
7. List ALL officers (names an	nd addresses)				icate an attachment 🗸	
President Name John Nicolosi			Vice-President Name Same as Treasurer			
Street Address 160 Clearview Road			Street Address			
City Charlestown	State RI	Zip 02813	City	State	Zip	
Secretary Name Patricia Risley			Treasurer Name Stephen D. Rice			
Street Address 120 Clearview Road			Street Address 82 Wildflower Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813	
8. List ALL directors (names a	and addresses). RI (	Corporations MUST	list at least THREE directors.	Check the box to ind	icate an attachment	
Director Name John Nicolosi			Director Name Richard Jackson			
Street Address 160 Clearview Road			Street Address 5 Crystal Court			
<sup>City</sup> Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813	
Director Name David Richman			Director Name Stephen D. Rice			
Street Address 10 Cove Drive			Street Address 82 Wildflower Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	<sup>Zip</sup> 02813	
9. Registered Agent in Rhode	Island This informat	ion is currently of reco	ord in the Department of State. Cha	nges require filing Form 6	541.	
Under penalty of perjury, I o statements, and that all state			ed this report, including any and correct.	accompanying sched	fules and	
This report must be signed by either th	he President, Vice-Preside	ent, Secretary, Assistant	Secretary, Treasurer, duly Authorized Re	epresentative. Receiver or Tri	ustee	
Name of Officer/Authorized R Stephen D. Rice, Vice President	•			Date June 18, 20	Date June 18, 2018	
Signature of Officer/Authorized	NRepresentative	)	CUMENTA EILEU	7,		
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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www sos ri gov



FORM 631 - Revised: 11/2017