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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company		
000793592	Foster Center Development, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	Land Development 531190		
5. Principal office address	City	State	Zip
18 North Road	Foster	RI	02825

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Ann Rhodes	Agent/Secretary		
Street Address	City	State	Zip
P.O. Box 821	Bokeelia	FL	33922

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name		
Michael J. Valentine			
Street Address	Street Address		
18 North Road			
City / State / Zip	City / State / Zip		
Foster RI 02825			
Manager Name	Manager Name		
Ann Rhodes			
Street Address	Street Address		
18 North Rd.			
City / State / Zip	City / State / Zip		
Foster RI 02825			

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
SEP 10 2018
BY 1295 125

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.

Ann Rhodes 9/1/18
Signature of Authorized Person Date

Ann Rhodes 9/1/18
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012