



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 62360		2. Name of Corporation FOSTER COVE PROPERTIES, INC.			
3. Street Address Principal Business Office 75 KINGSTOWN RD			City WYOMING	State RI	Zip 02898
4. Business Phone No. 401-491-9064		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island MAINTENANCE AND RENTAL OF PROPERTIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAMELA G SIROIS			Vice President Name K. SCOTT DUHAMEL		
Street Address 75 KINGSTOWN RD			Street Address 125 WEST WILLOW LN		
City WYOMING	State RI	Zip 02898	City CHARLESTOWN	State RI	Zip <del>02898</del> 02813
Secretary Name TERRI L. HAMILTON			Treasurer Name PAMELA G. SIROIS		
Street Address 5350 POST RD			Street Address 75 KINGSTOWN RD		
City CHARLESTOWN	State RI	Zip <del>02898</del> 02813	City WYOMING	State RI	Zip 02898
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PAMELA G. SIROIS			Director Name TERRI L. HAMILTON		
Street Address 75 KINGSTOWN RD			Street Address 5350 POST RD		
City WYOMING	State RI	Zip 02898	City CHARLESTOWN	State RI	Zip 02813
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			1,000 NO PAR	COMMON VALUE	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date FILED  
Check No. FEB 11 2005  
By: [Signature]  
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.

Pamela G. Sirois 2-10-05  
Signature of Officer Date  
PAMELA G. SIROIS  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 62360		2. Name of Corporation FOSTER COVE PROPERTIES, INC.			
3. Street Address Principal Business Office 75 KINGSTOWN RD			City WYOMING	State RI	Zip 02898
4. Business Phone No. 401-491-9064		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island MAINTENANCE AND RENTAL OF PROPERTIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAMELA G SIROIS			Vice President Name K. SCOTT DUHAMRL		
Street Address 75 KINGSTOWN RD			Street Address 125 W. WILLOW LN		
City WYOMING	State RI	Zip 02898	City CHARLESTOWN	State RI	Zip 02813
Secretary Name TERRI L. HAMILTON			Treasurer Name PAMELA G SIROIS		
Street Address 5350 POST RD			Street Address 75 KINGSTOWN RD		
City CHARLESTOWN	State RI	Zip 02813	City WYOMING	State RI	Zip 02898
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PAMELA G SIROIS			Director Name TERRI L. HAMILTON		
Street Address 75 KINGSTOWN RD			Street Address 5350 POST RD		
City WYOMING	State RI	Zip 02898	City CHARLESTOWN	State RI	Zip 02813
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		1,000	NO PAR Common Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 2 3 6 0 \*

File Date 1-28-04  
Check No. 340  
By: [Signature]  
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.

Pamela G. Sirois 1/26/04  
Signature of Officer Date  
PAMELA G SIROIS  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **62360** 2. Name of Corporation **FOSTER COVE PROPERTIES, INC.**

3. Street Address Principal Business Office **10 PAMELA G. SIROIS, 75 KINGSTOWN RD** City **WYOMING** State **RI** Zip **02898**

4. Business Phone No. **401-491-9064** 5. State of Incorporation **RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**MAINTENANCE RENTAL PROPERTIES**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **PAMELA G. SIROIS**  
Street Address **75 KINGSTOWN RD**  
City **WYOMING** State **RI** Zip **02898**

Vice President Name **K. SCOTT DUHAMEL**  
Street Address **125 WEST WILLOW LN**  
City **CHARLESTOWN** State **RI** Zip **02813**

Secretary Name **TERRI L. HAMILTON**  
Street Address **5350 POST RD**  
City **CHARLESTOWN** State **RI** Zip **02813**

Treasurer Name **PAMELA G. SIROIS**  
Street Address **75 KINGSTOWN RD**  
City **WYOMING** State **RI** Zip **02898**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **PAMELA G. SIROIS**  
Street Address **75 KINGSTOWN RD**  
City **WYOMING** State **RI** Zip **02898**

Director Name **TERRI L. HAMILTON**  
Street Address **5350 POST RD**  
City **CHARLESTOWN** State **RI** Zip **02813**

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	8,000	NO PAR VALUE	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR/COMMON	

RECEIVED STATE FEB 24 2 07 PM '03

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 2 3 6 0 \*

File Date: **FILED**

Check No.: **FEB 24 2003**

By: **BV COM 313954**

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.

**PAMELA G. SIROIS**  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**PAMELA G. SIROIS**  
Print or Type Name of Officer \_\_\_\_\_

**PRESIDENT**  
Title of Officer \_\_\_\_\_



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62360**  
2. Name of Corporation **FOSTER COVE PROPERTIES, INC.**  
3. Street Address Principal Business Office  
**70 Foster Drive**  
4. Business Phone No. **(401) 364-8795**  
5. State of Incorporation **RHODE ISLAND**

City **Charlestown** State **RI** Zip **02813**  
6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Maintenance & Rental of Properties.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Kenneth S. Duhamel**  
Street Address **125 West Willow Lane**  
City **Charlestown** State **RI** Zip **02813**

Vice President Name **Terri Hamilton**  
Street Address **5350 Post Road**  
City **Charlestown** State **RI** Zip **02813**

Secretary Name **Kenneth S. Duhamel**  
Street Address **125 West Willow Lane**  
City **Charlestown** State **RI** Zip **02813**

Treasurer Name **Pamela G. Sirois**  
Street Address **18 Crystal Court**  
City **Charlestown** State **RI** Zip **02813**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **None**  
Street Address  
City State Zip  
Director Name **None**  
Street Address  
City State Zip

Director Name **None**  
Street Address  
City State Zip  
Director Name **None**  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000 Common No Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 2 3 6 0 \*

2-11-02

File Date: \_\_\_\_\_

293

Check No.: \_\_\_\_\_

2

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.

*Kenneth S. Duhamel* 2/07/2002  
Signature of Officer Date

**Kenneth S. Duhamel**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62360** 2. Name of Corporation **FOSTER COVE PROPERTIES, INC.**  
3. Street Address Principal Business Office **70 Foster Dr** City **Charlestown** State **RI** Zip **02813**  
4. Business Phone No. **(401) 364-8795** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Maintenance + Rental of Properties**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Kenneth S Duhamel</b> Street Address <b>125 W. Willow Ln</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>	Vice President Name <b>Terri Hamilton</b> Street Address <b>5350 Post Rd</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>
Secretary Name <b>Kenneth S Duhamel</b> Street Address <b>125 W. Willow Ln</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>	Treasurer Name <b>Pamela G Sirois</b> Street Address <b>18 CRYSTAL CT</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>— NONE</b> Street Address  City State Zip	Director Name <b>— NONE</b> Street Address  City State Zip
Director Name <b>— NONE</b> Street Address  City State Zip	Director Name <b>— NONE</b> Street Address  City State Zip

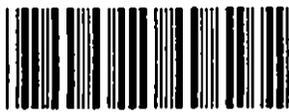
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<b>8,000 SHS NO PAR VAL</b>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>Common</b>	<b>NO PAR</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



\* 6 2 3 6 0 \*

**FILED**

File Date: **FEB 05 2001**

Check No. **By 00274**

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.

*Kenneth S. Duhamel* 02/01/2001  
Signature of Officer Date  
**Kenneth S. Duhamel**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62360** 2. Name of Corporation **FOSTER COVE PROPERTIES, INC.**

3. Street Address Principal Business Office **70 FOSTER DR.** City **Charlestown** State **RI** Zip **02813**  
4. Business Phone No. **(401) 364-8795** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Maintenance + Rental of Properties**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Kenneth S Duhamel</b> Street Address <b>125 W Willow Ln</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>	Vice President Name <b>Terri Hamilton</b> Street Address <b>5350 Post Rd</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>
Secretary Name <b>Kenneth S Duhamel</b> Street Address <b>125 W. Willow Ln</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>	Treasurer Name <b>Pamela G Sirois</b> Street Address <b>18 Crystal Ct</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NONE</b> Street Address  City _____ State _____ Zip _____	Director Name <b>NONE</b> Street Address  City _____ State _____ Zip _____
Director Name <b>NONE</b> Street Address  City _____ State _____ Zip _____	Director Name <b>NONE</b> Street Address  City _____ State _____ Zip _____

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>8,000 SHS</b>	<b>NO PAR VAL</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,000</b>	<b>Common</b>	<b>NO PAR</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 2 3 6 0 \*

File Date: **PAID 2/10/08**  
Check No.: **FEB 14 2000**  
By: **SECRETARY OF STATE**  
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.

**Kenneth S Duhamel** 02/02/2008  
Signature of Officer Date  
**Kenneth S Duhamel**  
Print or Type Name of Officer  
**President**  
Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>62360</b>		2. Name of Corporation <b>FOSTER COVE PROPERTIES, INC.</b>	
3. Street Address Principal Business Office <b>70 Foster Dr</b>		City <b>Charlstown RI</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 364-</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>5538</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Maintenance + Rental of Properties</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Kenneth S Duhamel</b>		Vice President Name <b>Terri Hamilton</b>	
Street Address <b>125 W Willow Ln</b>		Street Address <b>5350 Post Rd</b>	
City <b>Charlstown RI</b>	State <b>RI</b>	City <b>Charlstown RI</b>	State <b>RI</b>
Zip <b>02813</b>		Zip <b>02813</b>	
Secretary Name <b>Kenneth S Duhamel</b>		Treasurer Name <b>Damela G Sirais</b>	
Street Address <b>125 W WILLOW LN</b>		Street Address <b>18 Crystal Court</b>	
City <b>Charlstown RI</b>	State <b>RI</b>	City <b>Charlstown RI</b>	State <b>RI</b>
Zip <b>02813</b>		Zip <b>02813</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>8,000 SHS NO PAR VAL</b>		<b>1,000</b>	<b>Common</b>
Par Value		Par Value	<b>NO PAR</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 2 3 6 0 \*

File Date: 3-1-99  
Check No.: 260  
By: ICP

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.

Signature of Officer: Kenneth S Duhamel Date: 01/22/98  
Print or Type Name of Officer: Kenneth S Duhamel  
Title of Officer: President

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>62360</b>		2. Name of Corporation <b>FOSTER COVE PROPERTIES, INC.</b>	
3. Street Address Principal Business Office <b>70 Foster Dr</b>		City <b>Charlestown</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 364-</b>		5. State of Incorporation <b>RHODE ISLAND</b>	Zip <b>02813</b>
6. SIC Code <b>5538</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Maintain and Rent Properties</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>Kenneth S Duhamel</b>		Vice President Name <b>Fern Hamilton</b>	
Street Address <b>125 W Willow Ln</b>		Street Address <b>5350 Post Road</b>	
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>
State <b>RI</b>	Zip <b>02813</b>	State <b>RI</b>	Zip <b>02813</b>
Secretary Name <b>Pamela G Sirois</b>		Treasurer Name <b>Pamela G Sirois</b>	
Street Address <b>18 Crystal Ct</b>		Street Address <b>18 Crystal Ct</b>	
City <b>Charlestown</b>	State <b>RI</b>	City <b>Charlestown</b>	State <b>RI</b>
State <b>RI</b>	Zip <b>02813</b>	State <b>RI</b>	Zip <b>02813</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
State	Zip	State	Zip
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
State	Zip	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
<b>8,000 SHS NO PAR VAL</b>		<b>1,000</b>	<b>Common NO PAR</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **2/18/98**  
Check No.: **250**  
By: *[Signature]*  
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.

*[Signature]* **1-28-98**  
Signature of Officer Date  
**Kenneth S Duhamel**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62360** 2. Name of Corporation **FOSTER COVE PROPERTIES, INC.**  
3. Street Address Principal Business Office **70 Foster Drive** City **Charlestown** State **RI** Zip **02813**  
4. Business Phone No. **(401) 364-6957** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Maintain and Rent Properties**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Kenneth S. Duhamel</b> Street Address <b>125 W. Willow Ln</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>	Vice President Name <b>Terri Hamilton</b> Street Address <b>5350 Post Road</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>
Secretary Name <b>Pamela G Sirois</b> Street Address <b>18 Crystal Ct</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>	Treasurer Name <b>Pamela G Sirois</b> Street Address <b>18 Crystal Ct</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>None</b> Street Address  City State Zip	Director Name <b>None</b> Street Address  City State Zip
Director Name <b>None</b> Street Address  City State Zip	Director Name <b>None</b> Street Address  City State Zip

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS</b>	<b>NO PAR</b>	<b>VAL</b>	<b>1,000</b>	<b>Common</b>	<b>NO PAR</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **2-18-97**  
Check No.: **242**  
By: **IGP**  
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.

Signature of Officer: **Kenneth S. Duhamel** Date: **2/12/97**  
Print or Type Name of Officer: **Kenneth S. Duhamel**  
Title of Officer: **President**

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO 62360		2 NAME OF CORPORATION FOSTER COVE PROPERTIES, INC.	
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 70 Foster Drive		CITY Charlestown	STATE RI
4 BUSINESS PHONE NO. (401) 364-6957		5 STATE OF INCORPORATION RHODE ISLAND	ZIP CODE 02813
6 SIC CODE 5538			

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Maintenance and leasing of building residential

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME Kenneth S Duhamel		VICE PRESIDENT NAME Terri Hamilton
STREET ADDRESS 125 W Willow La		STREET ADDRESS 5350 Post Road
CITY Charlestown	STATE RI	ZIP CODE 02813
SECRETARY NAME Pamela G Sirois		TREASURER NAME Pamela G Sirois
STREET ADDRESS 18 Crystal Ct		STREET ADDRESS 18 Crystal Court
CITY Charlestown	STATE RI	ZIP CODE 02813

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME None		DIRECTOR NAME None
STREET ADDRESS		STREET ADDRESS
CITY	STATE	ZIP CODE
DIRECTOR NAME None		DIRECTOR NAME None
STREET ADDRESS		STREET ADDRESS
CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	NO PAR VAL		1,000	Common	No Par
-	-		-	-	-
-	-		-	-	-

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 2/22/96  
Check No: 235  
By: CP

Signature of Officer: *Kenneth S Duhamel*  
Print or Type Name of Officer: Kenneth S Duhamel  
Title of Officer: President  
Date: 01/23/96



**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0052360 Annual Report for the year: 1995

Name of Corporation: FOSTER COVE PROPERTIES, INC.

Business entity organized under the laws of the State of: \_\_\_\_\_

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

N/A

Brief statement of the character of business conducted in Rhode Island:

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

70 FOSTER DRIVE

CHARLESTOWN, RI 02813

Phone: (401) 364-6957

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT KENNETH S. DUHAMEL	125 WEST WILLOW LANE	CHARLESTOWN, RI	02813
VICE PRESIDENT TERRI HAMILTON	5340 POSE ROAD	CHARLESTOWN, RI	02813
SECRETARY PAMELA G SIROIS	18 CRYSTAL COURT	CHARLESTOWN, RI	02813
TREASURER PAMELA G SIROIS	18 CRYSTAL COURT	CHARLESTOWN, RI	02813

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000	NO PAR, COMMON	8000	COMMON, NO PAR

**FILED**  
MAR 01 1995  
BY: KPA#30-705

Date FEBRUARY 24, 1995

By: *Kenneth S. Duhamel*  
KENNETH S. DUHAMEL  
PRESIDENT  
TITLE OF OFFICER SIGNING

Form 31 1/95 **DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

K. SCOTT DUHAMEL  
125 WEST WILLOW LANE  
CHARLESTOWN RI 02813



# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0062360 Annual Report for the year 1993

FIRST: The name of the corporation is FOSTER COVE PROPERTIES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is IMPROVEMENT & Maintenance

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 90 FOSTER DRIVE  
CHARLESTOWN, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
KENNETH R. DUHAMEL	Director	ANCHOR DRIVE, AC42B, N. KEY LARGO FL 33037
<i>C.E. Duhamel</i>	Director	<i>5340 Post Rd Charlestown RI 02813</i>
	Director	
KENNETH S. DUHAMEL	President	125 WEST WILLOW LANE, CHARLESTOWN, RI 02813
TERRI L. HAMILTON	Vice President	5350 POST ROAD, CHARLESTOWN, RI 02813
PAMELA G. SIROIS	Secretary	<i>18 CRYSTAL CT, Charlestown, RI 02813</i>
PAMELA G. SIROIS	Treasurer	<i>18 CRYSTAL CT, Charlestown, RI 02813</i>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	COMMON	---	NO PAR

*Cor 1996*

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	COMMON	---	NO PAR

Rec'd & Filed MAR 01 1993

Dated *February 25* 1993

FOSTER COVE PROPERTIES, INC.  
(Name of Corporation)

By *[Signature]*  
Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

*9/40*  
*72504*

Corporate ID 0052380 Annual Report for the year 1992

FIRST: The name of the corporation is FOSTER COVE PROPERTIES, INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is IMPROVEMENT

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 90 FOSTER DRIVE  
CHARLESTOWN, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
KENNETH R. DUHAMEL	Director	ANCHOR DRIVE, AC42B, N. KEY LARGO FL 33037
	Director	
	Director	
KENNETH S. DUHAMEL	President	125 WEST WILLOW LANE, CHARLESTOWN, RI 02813
TERRI L. HAMILTON	Vice President	5350 POST ROAD, CHALRESTOWN, RI 02813
PAMELA G. SIROIS	Secretary	246 GEORGETOWN RD, GLASTONBURY, CT 06033
PAMELA G. SIROIS	Treasurer	246 GEORGETOWN RD, GLASTONBURY, CT 06033

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	COMMON	<del>PAID</del>	NO PAR

JAN 30 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	COMMON	---	NO PAR

SECY OF STATE

Dated JANUARY 28, 1992 19 92

FOSTER COVE PROPERTIES, INC.  
(Name of Corporation)

By *[Signature]*  
Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00E2360 Annual Report for the year 1991

FIRST: The name of the corporation is FOSTER COVE PROPERTIES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Improvement

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 90 Foster Drive  
Charlestown RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Kenneth R Duhamel	Director	Anchor Drive, Ac 42B W. Key Largo FL 33057
	Director	
	Director	
Kenneth S Duhamel	President	125 W. Willow Ln Charlestown RI 02813
Terri L Hamilton	Vice President	5350 Post Road Charlestown RI 02813
Pamela G. Sirais	Secretary	21 Foxcroft Rd. Niantic CT 06357
Pamela G. Sirais	Treasurer	21 Foxcroft Rd Niantic CT 06357

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common	PAID	NO Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		NO Par

Dated 01/24 1991

JAN 31 1991  
 REC'D OF STATE  
 Series  
 Foster Cove Properties, Inc  
 (Name of Corporation)  
 By Kenneth S Duhamel  
 Title President

(Report must be signed by an officer)