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State of Rhode Island

Department of State - Business Services Division

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BY A-1788

Annual Report for the year: 2021

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	2. Exact name of the Corporation
000032564	**Foster Cove Improvement Association**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To The Benefit of Association Members and to Maintain Common Property of Membership
4. NAICS Code: 813990 - Other Similar Organ	

6. Principal Office Address	City	State	Zip
C/O Stephen Rice, 82 Wildflower Road	Charlestown	RI	02813

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Robert Becket			Vice-President Name: John Nicolosi		
Street Address: 49 W. Willow Lane			Street Address: 160 Clearview Road		
City: Charlestown	State: RI	Zip: 02813	City: Charlestown	State: RI	Zip: 02813
Secretary Name: Paul Greeley			Treasurer Name: Stephen Rice		
Street Address: 140 Clearview Road			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 ☐

Director Name: Brian Dehm			Director Name: Katherine Fisher		
Street Address: 90 W. Willow Lane			Street Address: 62 Cove Drive		
City: Charlestown	State: RI	Zip: 02813	City: Charlestown	State: RI	Zip: 02813
Director Name: Luci Leone			Director Name:		
Street Address: 121 W. Willow Lane			Street Address:		
City: Charlestown	State: RI	Zip: 02813	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Stephen Rice, Treasurer	July 9, 2021

Signature of Officer/Authorized Representative: Steph Rice, Treasurer

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