



RI SOS Filing Number: 202100318490 Date: 8/23/2021 3:08:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2016**

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.

SOS

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STATE
RI DEPT OF STATE
BUS SVCS DIV

1. Entity ID Number 27479		2. Exact name of the Corporation Fox Run Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Condominium Association			
4. NAICS Code 813910 - Business Association ☐					
6. Principal Office Address 1341 West Main Road Ste 11		City Middletown		State Rlri	Zip 02842
7. List ALL officers (names and addresses) ☐ Check the box to indicate an attachment					
President Name Caroline Miller			Vice-President Name Dave Randall		
Street Address 13 Fox Run Road			Street Address 6 Fox Run Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Nancy King			Treasurer Name None		
Street Address 2 Fox Run Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. ☐ Check the box to indicate an attachment					
Director Name Caroline Miller			Director Name Dave Randall		
Street Address 13 Fox Run Road			Street Address 6 Fox Run Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Nancy King			Director Name Janet Bolender		
Street Address 2 Fox Run Road			Street Address 1341 West Main Road Ste.11		
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
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 Janet Bolender/ Authorized Representative				Date 8/16/21	
Signature of Officer/Authorized Representative 					

FILED

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

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FORM 631 - Revised: 08/2020