RI SOS Filing Number: 202327708070 Date: 2/6/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual	Report for	the	year:			
Non-Profit Corporation						

2N3

FILED

FEB 06 2023

→ Filing period: February 1 - May 1

→ Filing Fee \$20 00

-> Penalty. Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2 Exact name of the Corporation							
000027479	FOX RUN CONDOMINIUM ASSOCIATION, INC.							
3. State of Incorporation	5 Brief description	on of the characte	r of business conducted in Rhode Is	sland				
RI	Condominum association							
4. NAICS Code	1	·						
813910 Business Association								
6. Principal Office Address			City	State	Zıp			
1341 WEST MAIN RD			MIDDLETOWN	RI	02842			
7. List ALL officers (names and ad	•			eck the box to indicate	e an attachment			
President Name JANE COURSON			Vice-President Name THERESA YOUNG					
Street Address 4 FOX RUN ROAD			Street Address 5 FOX RUN ROAD					
City PORTSMOUTH	State RI	^{Zip} 02871	City PORTSMOUTH	State RI	^{Z_{IP}} 02871			
Secretary Name NANCY KING			Treasurer Name					
Street Address 2 FOX RUN ROAD			Street Address					
City PORTMOUTH	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 ELIZABETH ALMEIDA			Director Name JANE COURSN					
Street Address 10 FOX RUN ROAD			Street Address 4 FOX RUN ROAD					
City PORTSMOUTH	State RI	^{Zip} 02871	City PORTSMOUTH	State RI	^{Zip} 02871			
Director Name NANCY KING		•	Director Name					
Street Address 2 FOX RUN ROAD			Street Address					
City PORTSMOUTH	State RI	^{Zip} 02871	City	State	Zip			
9. The Registered Agent information	on of record with th	e RI Department	of State is accurate. Changes requi	re filing Form 641.				
Under penalty of perjury, I decla statements, and that all stateme			f this report, including any accon correct.	panying schedule	es and			
This report must be signed by either the Pre	sident, Vice-President	Secretary, Assistant Se	cretary, Treasurer, duly Authorized Represent	ative Receiver or Truste	e			
Name of Officer/Authorized Repre				Date				
Ana Lake (Coastal Proper	<i>_i</i>	nt agent of Fo	ox Run Condo)	1/30/2023				
Signature of Officer/Authorized Re	presentative							
\mathcal{M}								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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