



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: **2024**
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECORDED
24 APR 23 0 PM 12:33:28

1. Entity ID Number 000062360		2. Exact name of the Corporation Foster Cove Properties, Inc.									
3. Principal Office Address PO Box 916			City Charlestown	State RI	Zip 02813						
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island maintenance and rental of properties									
5. State of Incorporation RI											
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>						
President Name Pamela G. Sirois			Vice-President Name Terri L. Hamilton								
Street Address PO Box 916			Street Address PO Box 916								
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813						
Secretary Name			Treasurer Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
8. List ALL directors (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>								
Director Name Pamela G. Sirois			Director Name Terri L. Hamilton								
Street Address PO Box 916			Street Address PO Box 916								
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized			10. Shares Issued								
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>								
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common Shares</td> <td>FILED no par value</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common Shares	FILED no par value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1000	Common Shares	FILED no par value									
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.											
Name of Authorized Representative Terri L. Hamilton			FILED		Date 04/2.24						
Signature of Authorized Representative <i>Terri L. Hamilton</i>			APR 30 2024								

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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