



State of Rhode Island
Department of State - Business Services Division

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 RECORDS
 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.

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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SER/ES	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:
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Website: www.sos.ri.gov

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