



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 21 2025

BY

1924

1. Entity ID Number 000032564		2. Exact name of the Corporation Foster Cove Improvement Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To the benefit of association members and maintain common property of membership	
4. NAICS Code 813990			
6. Principal Office Address c/o Paul Greeley 140 Clearview Road		City Charlestown	State RI
		Zip 02813	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Paul Greeley		Vice-President Name Katherine Fisher	
Street Address 140 Clearview Road		Street Address 62 Cove Drive	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
Secretary Name Luci Leone		Treasurer Name Gerry Lillis	
Street Address 121 West Willow Lane		Street Address 27 Cove Drive	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Brian Dehm		Director Name Joe McLaughlin	
Street Address 90 West Willow Lane		Street Address 50 Cove Drive	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
Director Name Tod Alberghini		Director Name	
Street Address 70 Wildflower Road		Street Address	
City Charlestown	State RI	City	State
Zip 02813		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative GERRY LILLIS			Date 1/01/16/2025
Signature of Officer/Authorized Representative <i>Gerry Lillis</i>			

MAIL TO:

Division of Business Services

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