



State of Rhode Island
Department of State - Business Services Division

FILED

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

APR 09 2025

BY 160

1. Entity ID Number 000027373		2. Exact name of the Corporation Foster Preservation Society			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Preservation of the natural, rural, colonial characteristics and to orderly development of the town			
4. NAICS Code 843110					
6. Principal Office Address 180 Howard Hill Road, PO Box 51			City Foster	State RI	Zip 02825
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Edwin Robinson			Vice-President Name Scott J. Knox		
Street Address 2 Anan Wade Road			Street Address 150 Foster Center Road		
City No. Scituate	State RI	Zip 02857	City Foster	State RI	Zip 02825
Secretary Name Nancy Robinson			Treasurer Name Laurie J. Brayton		
Street Address 2 Anan Wade Road			Street Address 95 Danielson Pike		
City No. Scituate	State RI	Zip 02857	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name Lynne Rider			Director Name David Lindstrom		
Street Address 7 Burgess Road			Street Address 112 Howard Hill Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Director Name Donna Mooney			Director Name John Lewis		
Street Address 540 Central Pike			Street Address 8 Rams Tail Road		
City No. Scituate	State RI	Zip 02857	City Foster	State RI	Zip 02825
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 Laurie J. Brayton				Date April 4, 2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

Foster Preservation Society
180 Howard Hill Road
PO Box 51
Foster, RI 02825

Corporate ID No. 00002773

Director
Sharon Antonelli
27 Howard Hill Road
Foster, RI 02725