



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - **ENTER THE CURRENT YEAR 2025**: 2025

1. Corporate ID No. 000027379

2. Name of Corporation FOSTER SENIOR HOUSING, INC.

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624229

4. Principal Office Address

No. and Street: C/O MARK JAI HAMMOND
110 FOSTER CENTER RD

City or Town: FOSTER

State: RI Zip: 02825 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

LOW INCOME SENIOR HOUSING

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS WALDEN	103 CENTRAL PIKE FOSTER, RI 02825 USA
TREASURER	SUSAN DILLON	95 MT. HYGEIA RD FOSTER, RI 02825 USA
SECRETARY	DAVID RATHBUN	28 HARTFORD PIKE FOSTER, RI 02825 USA
VICE PRESIDENT	VIRGINIA COLWELL	2 SALISBURY RD FOSTER, RI 02825 USA
DIRECTOR	LYNNE S. RIDER	20 BURGESS ROAD FOSTER, RI 02825 USA
DIRECTOR	LAUREN RATHBUN	28 HARTFORD PIKE FOSTER, RI 02825 USA
DIRECTOR	CHARLENE COGGESHALL	52 HEMLOCK RD FOSTER, RI 02825 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARGARET M. SHIPPEE 110 FOSTER CENTER ROAD FOSTER , RI 02825

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of April, 2025 at 4:35:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARK JAI HAMMOND
Signature of Authorized Person

Form No. 631
Revised 09/07

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