RI SOS Filing Number: 202572924360 Date: 5/8/2025 4:00:00 PM

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.

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1. Entity ID Number	2. Exact name of the Corporation
000027479	Fox Run Condominium Association, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Condominium Assocation
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
1341 West Main Road, Ste 11	Middletown	RI	02842

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jane Courson			Vice-President Name: Elizabeth Almeida		
Street Address: 16929 E. Nicklaus Drive			Street Address: 10 Fox Run Road		
City: Fountain Hills	State: AZ	Zip: 85268	City: Portsmouth	State: RI	Zip: 02871
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Jane Courson			Director Name: Elizabeth Almeida		
Street Address: 16929 E. Nicklaus Drive			Street Address: 10 Fox Run Road		
City: Fountain Hills	State: AZ	Zip: 85268	City: Portsmouth	State: RI	Zip: 02871
Director Name: Margaret Randall			Director Name:		
Street Address: 14750 N. Summerstar Blvd			Street Address:		
City: Oro Valley	State: AZ	Zip: 85755	City:	State:	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.

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	Date
Ana E. Lake	**4/29/2025**

Signature of Officer/Authorized Representative: (Agent of Fox Run Condominiums)

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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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BY 3250 AA.

FORM 631- Revised 12/2023