



State of Rhode Island
Department of State - Business Services Division

ST-11

Annual Report for the year: 2025

Non-Profit Corporation

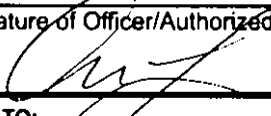
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

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RI DEPT. OF S.
BUS SVCS DIV.

2025 MAY -8 P 12:08

1. Entity ID Number 000027479		2. Exact name of the Corporation Fox Run Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium Association			
4. NAICS Code 813910					
6. Principal Office Address 1341 West Main Road, Ste 11		City Middletown		State RI	Zip 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 Ana E. Lake					Date 4/29/2025
Signature of Officer/Authorized Representative  (Agent of Fox Run Condominiums)					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 08 2025
BY 3750

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