



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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: 2009

1. Corporate ID No. 000149957

2. Name of Corporation The Sun Also Rises Foundation, Inc.

3. State of Incorporation

State:

4. Corporate Address in Rhode Island

No. and Street: 24 STIMSON AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO RAISE MONEY THROUGH CHARITABLE FUND-RAISING ACTIVITIES TO DISTRIBUTE TO TAX-EXEMPT ORGANIZATIONS WORKING ON ISSUES SUCH AS HEALTH, DISEASE, EDUCATION, CHILDREN AND WOMEN'S WELFARE, POVERTY, ENVIRONMENT, DISASTER RELIEF AND HUMAN RIGHTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BARRET BREADY	24 STIMSON AVENUE PROVIDENCE, RI 02906- USA
DIRECTOR	JESSE KURN	38 HUMBOLDT AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	BARRETT BREADY	24 STIMSON AVE PROVIDENCE, RI 02906 USA
DIRECTOR	RICHARD BREADY	280 IRVING AVE PROVIDENCE, RI 02906 USA

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

BARRET BREADY 24 STIMSON AVENUE PROVIDENCE , RI 02906-

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 10 Day of June, 2009 at 1:48:13 PM. *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 corporation, 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 BARRETT BREADY
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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