

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401 222 3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009.

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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. 1. Corporate ID No Marguerite Pyle Costa Foundation 156666 Zip 4. Corporate address in Rhode Island - Street Address 3 State of Incorporation E. Providence 02916 Rhode Island 21 Dunbar Avenue State Zφ 5. Foreign corporation. Enter principal office address City 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Charitable Purposes 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX BOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Dennis R. Costa **Gary Costa** Street Address 3 Street Address 26 Dunbar Avenue 17 Dunbar Avenue State Zip Cin State Ζiρ RI 02916 RI 02916 East Providence East Providence Secretary Name Jeffrey D. Costa Dennis Costa Street Address Street Addres 47 Dunbar Avenue 21 Dunbar Avenue ΖφΛ City State City State Zψ 02916 East Providence RI RI 02916 8. NAMES AND ADDRESSES OF THE DIRECTORS ("F. BOX FOR ATTACHMENT) FIEL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Dennis R. Costa **Gary Costa** Street Address Street Address 26 Dunbar Avenue 17 Dunbar Avenue State ZiD State City Zψ 02916 RI 02916 East Providence **East Providence** RI Director Name Jeffrey D. Costa **Dennis Costa** Street Address Street Address 47 Dunbar Avenue 21 Dunbar Avenue State ZiD City City State Zip 02916 East Providence RI 02916 RI East Providence 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

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10:18	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.
Check No. 81:01 KT EIA	Signature of Officer Date
By:  FOR SECRETARY OF STATE USE ONLY	Print of Type Name of Officer  PR 6510 5M
Conservations with	Title of Officer Form 631 Rev. 09/17