



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 93191		2. Exact name of the Corporation FACTS-SUNRISE, INC.			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 18 Parkis Avenue		City Providence	Zip 02907
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island To provide elderly or disabled persons with housing facilities.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rev. Raymond Malm			Vice-President Name Sister Ann Keefe		
Street Address 6 Mann Avenue			Street Address 239 Oxford Street		
City Newport	State RI	Zip 02840	City Providence	State RI	Zip 02905
Secretary Name Paul Fitzgerald			Treasurer Name Paul Fitzgerald		
Street Address 102 Arnold Street			Street Address 102 Arnold Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sister Ann Keefe			Director Name Rev. Raymond Malm		
Street Address 239 Oxford Street			Street Address 6 Mann Avenue		
City Providence	State RI	Zip 02905	City Newport	State RI	Zip 02840
Director Name Seth Daley			Director Name Paul Fitzgerald		
Street Address 1 Thayer Street			Street Address 102 Arnold Street		
City Providence	State RI	Zip 02906	City Cranston	State RI	Zip 02905
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JUN 11 2012
 3273

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.

[Signature] 5/17/12
 Signature of Officer _____ Date _____
 Paul Fitzgerald
 Print or Type Name of Officer _____
 Secretary/Treasurer
 Title of Officer _____