**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 2014

**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. | 2. Exact name of the Corporation |
|---|---|
| 93191 | FACTS-SUNRISE, INC. |
| 3. State of Incorporation | 4. Brief description of the character of business conducted in Rhode Island |
| Rhode Island | To provide elderly or disabled persons with housing facilities. |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 18 Parkis Avenue | Providence | RI | 02907 |

**6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Vice-President Name |
|---|---|
| Rev. Raymond Maim | Sister Ann Keefe |
| Street Address | Street Address |
| 6 Mann Avenue | 100 Lexington Avenue |
| City / State / Zip | City / State / Zip |
| Newport / RI / 02840 | Providence / RI / 02905 |
| Secretary Name | Treasurer Name |
| Paul Fitzgerald | Paul Fitzgerald |
| Street Address | Street Address |
| 102 Arnold Avenue | 102 Arnold Avenue |
| City / State / Zip | City / State / Zip |
| Cranston / RI / 02905 | Cranston / RI / 02905 |

**7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Director Name |
|---|---|
| Rev. Raymond Maim | Sister Ann Keefe |
| Street Address | Street Address |
| 6 Mann Avenue | 100 Lexington Avenue |
| City / State / Zip | City / State / Zip |
| Newport / RI / 02840 | Providence / RI / 02905 |
| Director Name | Director Name |
| Paul Fitzgerald | |
| Street Address | Street Address |
| 102 Arnold Road | |
| City / State / Zip | City / State / Zip |
| Cranston / RI / 02905 | |

**8. 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, duly Authorized Representative, Receiver or Trustee*

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

FILED
JUN 04 2014
BY 27667

**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 of Officer or Authorized Representative — Date: 5/21/14

Paul Fitzgerald Secretary/Treasurer
Print or Type Name of Officer or Authorized Representative

**Form No. 631**
**Revised: 04/2014**

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