



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

Amended

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 1038473		2. Exact name of the Corporation DAVID LOUIS CUNHA FOUNDATION	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Our mission statement is to provide financial support to families with children living with life threatening medical conditions.	
5. Principal office address 563 LOG RD		City SMITHFIELD	State RI
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐		Zip 02917	
President Name PETER C. CUNHA		Vice-President Name CHERYL CUNHA	
Street Address 563 LOG RD		Street Address 563 LOG RD	
City SMITHFIELD	State RI	City SMITHFIELD	State RI
Zip 02917		Zip 02917	
Secretary Name JOYCE PERRY		Treasurer Name ROBERT PERRY	
Street Address 15 BARNES ST		Street Address 15 BARNES ST	
City GREENVILLE	State RI	City GREENVILLE	State RI
Zip 02917		Zip 02917	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name WILLIAM A. CUNHA		Director Name BEVERLY CHAPPRON	
Street Address 42 FRANCA DR		Street Address 11 PAOLINO ST	
City BRISTOL	State RI	City PROVIDENCE	State RI
Zip 02809		Zip 02919	
Director Name JOSEPH TOMASIELLO		Director Name PETER PERRY	
Street Address 850 WEST ST		Street Address 125 EAGLE RD	
City ATTLEBORO	State MA	City CRANSTON RI	State RI
Zip 02703		Zip 02920	
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

FILED

File Date

MAY 24 2016

Check No

By:

By

ue 3:53

FOR SECRETARY OF STATE USE ONLY

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

Cheryl Cunha

Print or Type Name of Officer or Authorized Representative

ATD. Director

NICHOLAS A. PATRIE
105 MAPLEVILLE RD
GREENVILLE RI 02828

1038473

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 24 PM 3:53

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 24 PM 1:16



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

