Amended

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 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.	2. Exact name of the Corporation
1038473	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.

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5. Principal office address	City	State	Zip
563 LOG RD	SMITHFIELD	RI	02917

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

President Name: PETER C. CUNHA			
Street Address: 563 LOG RD			
City: SMITHFIELD	State: RI	Zip: 02917	
Vice-President Name: CHERYL CUNHA			
Street Address: 563 LOG RD			
City: SMITHFIELD	State: RI	Zip: 02917	
Secretary Name: JOYCE PERRY			
Street Address: 15 BARNES ST			
City: GREENVILLE	State: RI	Zip: 02917	
Treasurer Name: ROBERT PERRY			
Street Address: 15 BARNES ST			
City: GREENVILLE	State: RI	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			
Street Address: 42 FRANCA DR			
City: BRISTOL	State: RI	Zip: 02809	
Director Name: JOSEPH TOMASIELLO			
Street Address: 850 WEST ST			
City: ATTLEBORO	State: MA	Zip: 02703	
Director Name: BEVERLY CHAPPRON			
Street Address: 11 PAOLINO ST			
City: PROVIDENCE	State: RI	Zip: 02919	
Director Name: PETER PERRY			
Street Address: 125 EAGLE RD			
City: CRANSTON RI	State: RI	Zip: 02920	

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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** 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.

Cheryl Cunha — Signature of Officer or Authorized Representative — 5/24/16 Date

Cheryl Cunha
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

CTD. Director

1038473

NICHOLAS A.PATRIE
105 MAPLEVILLE RD
GREENVILLE RI 02828