



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

2016 JUL - 5 PM 2:39

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation			
787705		Sunset Cove Foundation			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Charitable			
5. Principal Office Address		City	State	Zip	
61 Asylum Road		Warren	RI	02885	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Heather M. Hower		Vice-President Name NONE			
Street Address 61 Asylum Road		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Linda Hower Bates		Treasurer Name Lee M. Hower			
Street Address 42 White Avenue		Street Address 61 Asylum Road			
City Riverside	State RI	Zip 02915	City Warren	State RI	Zip 02885
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lee M. Hower		Director Name Heather M. Hower			
Street Address 61 Asylum Road		Street Address 61 Asylum Road			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Linda Hower Bates		Director Name			
Street Address 42 White Avenue		Street Address			
City Riverside	State RI	Zip 02915	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Lee M. Hower, Treasurer				Date 6/28/16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUL 05 2016

By 2278284