



**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 787705		2. Exact name of the Corporation Sunset Cove Foundation	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable	
5. Principal Office Address 61 Asylum Road		City Warren	State RI
		Zip 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	
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	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
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 **AL 278284**