State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Domestic Non-Profit Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000787705

2. Name of Corporation Sunset Cove Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 61 ASYLUM ROAD
City or Town: WARREN State: RI Zip: 02885 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CHARITABLE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	HEATHER M HOWER	61 ASYLUM ROAD WARREN, RI 02885 USA
SECRETARY	LINDA HOWER BATES	53 ASYLUM ROAD WARREN, RI 02885 USA
TREASURER	LEE M. HOWER	61 ASYLUM ROAD WARREN, RI 02885 USA

DIRECTOR	HEATHER M. HOWER	61 ASYLUM ROAD WARREN, RI 02885 USA
DIRECTOR	LINDA HOWER BATES	53 ASYLUM ROAD WARREN, RI 02885 USA
DIRECTOR	LEE M. HOWER	61 ASYLUM ROAD WARREN, RI 02885 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

A. MAX KOHLENBERG, ESQ. HOWLAND EVANGELISTA KOHLENBERG BURNETT LLP ONE FINANCIAL PLAZA, SUITE 1600 PROVIDENCE , RI 02903

Signed this 6 Day of July, 2016 at 2:59:39 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LEE M. HOWER
Signature of Authorized Person

Form No. 631
Revised 09/07

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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:

July 06, 2016 2:59 PM

Nellie M. Gorbea
Secretary of State

0-7188-0