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

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Annual Report for the year: 2017
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
119487	WISHES COME TRUE FOUNDATION, INC.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	GRANT WISHES TO CHILDREN WITH LIFE THREATENING ILLNESSES.

5. Principal Office Address	City	State	Zip
161 Furey Ave	Tiverton	RI	02878

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: THOMAS P. McGOVERN			Vice-President Name: CHARLES Miller		
Street Address: 26 HILTON RD			Street Address: 23 GLENWOOD DR.		
City: WARWICK	State: RI	Zip: 02889	City: COVENTRY	State: RI	Zip: 02816
Secretary Name: ROSEMARY BOWERS			Treasurer Name: ROSEMARY BOWERS		
Street Address: 161 FUREY AVE			Street Address: 161 FUREY AVE		
City: TIVERTON	State: RI	Zip: 02878	City: TIVERTON	State: RI	Zip: 02878

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: STEVEN MELVIN			Director Name: JEANNE TRAVERS		
Street Address: 122 PARKSIDE DR			Street Address: 57 MASSACHUSETTS BLVD		
City: WARWICK	State: RI	Zip: 02888	City: PORTSMOUTH	State: RI	Zip: 02871
Director Name: THOMAS P McGOVERN			Director Name: ROSEMARY BOWERS		
Street Address: 26 HILTON RD			Street Address: 161 FUREY AVE		
City: WARWICK	State: RI	Zip: 02889	City: TIVERTON	State: RI	Zip: 02878

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	Date
THOMAS P. McGOVERN	4/13/2017

Signature of Officer/Authorized Representative: Thomas P McGovern

FILED
APR 19 2017
BY le 300886

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 02/2017