



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

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 146881		2. Exact name of the Corporation Margaret Sterling Cook Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable foundation providing scholarships, benefit to animals, etc.			
5. Principal Office Address 80 Scituate Avenue			City Hope	State RI	Zip 02831
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jennifer S. Cook			Vice-President Name None		
Street Address 80 Scituate Avenue			Street Address		
City Hope	State RI	Zip 02831	City	State	Zip
Secretary Name Brian C. Cook			Treasurer Name Brian C. Cook		
Street Address 80 Scituate Avenue			Street Address 80 Scituate Avenue		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
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 Jennifer S. Cook			Director Name Brian C. Cook		
Street Address 80 Scituate Avenue			Street Address 80 Scituate Avenue		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name Phillip Masquelette			Director Name Melissa Masquelete		
Street Address 26 Twin Oaks			Street Address 26 Twin Oaks		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
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 Brian C. Cook, Treasurer				Date <i>June 26, 2017</i>	
Signature of Officer/Authorized Representative <i>Brian C. Cook Treasurer</i>				SIGN DOCUMENT HERE	

FILED

JUN 26 2017

BY *[Signature]*

AA

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