



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 156666		2. Exact name of the Corporation MARGUERITE PYLE COSTA FOUNDATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHARITABLE PURPOSES			
4. NAICS Code 813211					
6. Principal Office Address 21 DUNBAR AVENUE		City EAST PROVIDENCE		State RI	Zip 02916
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GARY COSTA			Vice-President Name DENNIS R. COSTA		
Street Address 17 DUNBAR AVENUE			Street Address 25 DUNBAR AVENUE		
City EAST PROVIDENCE	State RI	Zip 02916	City EAST PROVIDENCE	State RI	Zip 02916
Secretary Name DENNIS COSTA			Treasurer Name JEFFREY D. COSTA		
Street Address 21 DUNBAR AVENUE			Street Address 47 DUNBAR AVENUE		
City EAST PROVIDENCE	State RI	Zip 02916	City EAST PROVIDENCE	State RI	Zip 02916
8. 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 GARY COSTA			Director Name DENNIS R. COSTA		
Street Address 17 DUNBAR AVENUE			Street Address 25 DUNBAR AVENUE		
City EAST PROVIDENCE	State RI	Zip 02916	City EAST PROVIDENCE	State RI	Zip 02916
Director Name JEFFREY D. COSTA			Director Name		
Street Address 47 DUNBAR AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02916	City	State	Zip
9. 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 GARY J COSTA					Date 6/26/17
Signature of Officer/Authorized Representative <i>Gary J Costa</i>					SIGN DOCUMENT HERE FILED

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

JUN 26 2017

BY **10936**

FORM 631 - Revised: 05/2017