	State of Rhode Island and Pr Office of the Secret		Fee: \$20.00	
	Division Of Busines 148 W. River			
HOPE	Providence RI 029 (401) 222-30			
Non-Profit Corpo	oration			
Annual Report Filing Period: June 1 -	June 30			
	I.G.L. 7-6-94, each corporation failing or r prescribed by law (R.I.G.L. 7-6-91) is subj			
ANNUAL REPORT Y	EAR: <u>2019</u>			
1. Corporate ID No	. <u>000787705</u>			
2. Name of Corpor	ation Sunset Cove Foundation			
3. State of Incorpo	ration			
State: <u>RI</u>				
	ARTICLE III			
of activity in which yo based on the chosen	labeled NAICS Code below, select the cla ur entity engages. The box to the right of selection. If the NAICS Code is known, e cting a classification <u>click here.</u>	the dropdown will populate a N	IAICS Code	
NAICS Code			6	
<u>813211</u>				
4. Corporate Addre	ss in Rhode Island			
No. and Street:	61 ASYLUM ROAD			
City or Town:	WARREN State:	RI Zip: <u>02885</u> Cou	intry: USA	
5. Foreign Corporat	ion. 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 R	hode Island	
<u>CHARITABLE</u>				
7. Names and Addro	esses of the Officers and Directors:			
	rectors must be listed. If officers and/ o longer applicable; please delete	or directors have been elect	ed, the title	
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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	HEATHER M HOWER	61 ASYLUM ROAD
		WARREN, RI 02885 USA
TREASURER	LEE M. HOWER	61 ASYLUM ROAD
		WARREN, RI 02885 USA
SECRETARY	LINDA HOWER BATES	53 ASYLUM ROAD
		WARREN, RI 02885 USA
DIRECTOR	HEATHER M. HOWER	61 ASYLUM ROAD
		WARREN, RI 02885 USA
DIRECTOR	LEE M. HOWER	61 ASYLUM ROAD
		WARREN, RI 02885 USA
DIRECTOR	LINDA HOWER BATES	53 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

<u>A. MAX KOHLENBERG, ESQ.</u> <u>HOWLAND EVANGELISTA KOHLENBERG LLP</u> <u>ONE FINANCIAL PLAZA,</u> <u>SUITE 1600</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02903</u>

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of November, 2019 at 3:57:08 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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