



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 001667699

2. Name of Corporation SUNRISE FOREVER INC

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 49 CHRISTOPHER STREET

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

ORGANIZED AND SHALL BE OPERATED TO FURTHER HUMANITARIAN, EDUCATIONAL OPPORTUNITIES AND DEVELOPMENTAL ACTIVITIES WITHIN RHODE ISLAND AND REPUBLIC OF LIBERIA

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	ALICE M HOWARD	49 CHRISTOPHER STREET

		PROVIDENCE, RI 02904 USA
DIRECTOR	ALICE M HOWARD	49 CHRISTOPHER STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DR CARLA W ELLIS	80 FAIRFIELD DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JOHN TOGBA WRIGHT	727 ATWOOD AVENUE APT 101 CRANSTON, RI 02920 USA
DIRECTOR	DR. CARLA W ELLIS	53 ESKER LN WICKFORD, RI 02852 USA

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

ALICE M. HOWARD 49 CHRISTOPHER STREET PROVIDENCE , RI 02904

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

Signed this 13 Day of May, 2022 at 12:04:14 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 ALICE HOWARD
Signature of Authorized Person

Form No. 631
Revised 09/07