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**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year: 2024  
Non-Profit Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 00015666		2. Exact name of the Corporation MARQUETTE PYLLE COSTA FOUNDATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHARITABLE PURPOSES			
4. NAICS Code 813211					
6. Principal Office Address 21 DUNBAR AVE			City E. PROVIDENCE	State RI	Zip 02911
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name GARY COSTA			Vice-President Name DENNIS COSTA SR		
Street Address 17 DUNBAR AVE			Street Address 21 DUNBAR AVE		
City E. PROVIDENCE	State RI	Zip 02914	City E. PROVIDENCE	State RI	Zip 02911
Secretary Name DENNIS COSTA SR			Treasurer Name GARY J COSTA		
Street Address 21 DUNBAR AVE			Street Address 17 DUNBAR AVE		
City E. PROVIDENCE	State RI	Zip 02911	City E. PROVIDENCE	State RI	Zip 02911
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name DENNIS R COSTA			Director Name GARY J COSTA		
Street Address 26 DUNBAR AVE			Street Address 17 DUNBAR AVE		
City E. PROVIDENCE	State RI	Zip 02914	City E. PROVIDENCE	State RI	Zip 02914
Director Name JEFFREY D COSTA			Director Name		
Street Address 47 DUNBAR AVE			Street Address		
City E. PROVIDENCE	State RI	Zip 02911	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 5/22/24
Signature of Officer/Authorized Representative <i>Gary J Costa</i>					

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2616  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED  
MAY 22 2024  
BY *AKPSB*  
BY \_\_\_\_\_ *RS*