State of Rhode Island
Office of the Secretary of State

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

Fee: $20.00

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 - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001038473

2. Name of Corporation David Louis Cunha Foundation

3. State of Incorporation

State: RI

NAICS CODE

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
813319

4. Principal Office Address

No. and Street: 265 GEORGE WASHINGTON HWY
City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

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

THE FOUNDATION IS ORGANIZED TO RAISE FUNDS IN MEMORY OF DAVID LOUIS CUNHA. THE FOUNDATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND/OR SCIENTIFIC PURPOSES, INCLUDING FOR SUCH PURPOSES THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE CODE. NOTWITHSTANDING ANY OTHER PROVISIONS OF THESE ARTICLES OF INCORPORATION, THE CORPORATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON BY A CORPORATION EXEMPT

FROM INCOME TAX UNDER SECTION 501 (C)(3) OF THE CODE OR BY A CORPORATION CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION I 70(C)(2) OF THE CODE.

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
PRESIDENT	PETER C. CUNHA	563 LOG ROAD SMITHFIELD, RI 02917 USA
VICE PRESIDENT	CHERYL A MELE-CUNHA	563 LOG RD SMITHFIELD, RI 02917 USA
DIRECTOR	WILLIAM A. CUNHA	42 FRANCA DRIVE BRISTOL, RI 02909 USA
DIRECTOR	PETER C CUHNA	563 LOG RD SMITHFIELD, RI 02917 USA
DIRECTOR	CHERYL MELE-CUNHA	563 LOG RD SMITHFIELD, RI 02917 USA
DIRECTOR	RILEY WHITE	214 MOUNTAINDALE RD SMITHFIELD, RI 02917 USA
DIRECTOR	LISA TOMMASIELLO	850 WEST ST ATTLEBORO, MA 02703 USA
DIRECTOR	BRENDA MEDICI PINGA	36 BAILEY ST WARWICK, RI 02886 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

STEPHEN R. ARCHAMBAULT, ESQ 265 GEORGE WASHINGTON HIGHWAY SMITHFIELD , RI 02917

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

Signed this 2 Day of June, 2025 at 11:42:03 AM 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 STEPHEN ARCHAMBAULT
Signature of Authorized Person

Form No. 631
Revised 09/07