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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation
000156666	MARGUERITE PYLE 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	City	State	Zip
21 DUNBAR AVE	E. PROVIDENCE	RI	02914

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
GARY COSTA	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: 02914
Secretary Name	**Treasurer Name**
DENNIS COSTA SR	GARY J COSTA
Street Address: 21 DUNBAR AVE	Street Address: 17 DUNBAR AVE
City: E. PROVIDENCE State: RI Zip: 02914	City: E. PROVIDENCE State: RI Zip: 02914

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
DENNIS R COSTA	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	**Director Name**
JEFFREY D COSTA	
Street Address: 47 DUNBAR AVE	Street Address:
City: E. PROVIDENCE State: RI Zip: 02914	City: State: Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

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

Name of Officer/Authorized Representative	Date
GARY J COSTA	8/12/25

Signature of Officer/Authorized Representative: Gary J Costa

FILED

AUG 12 2025

BY 63QQ8

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

FORM 631- Revised 12/2023