



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3046

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 27610		2. Name of Corporation THE KNIGHTS OF CORTE REAIS	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address C/O JOSE FARIA - 10 FRANCINE ST	
		City BRISTOL	Zip RI 02809
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JOSEPH MONIZ		Vice President Name GEORGE COOPER	
Street Address 2 BORGES ST.		Street Address 48 Shuman Ave	
City BRISTOL	State R.I.	City BRISTOL	State R.I.
Zip 02809		Zip 02809	
Secretary Name MANUEL L. DASILVA		Treasurer Name	
Street Address 16 BROOKS FARM DRIVE		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name ANTHONY LOUZA		Director Name Daniel Amaral	
Street Address 556 METACOMB AVE		Street Address 182 Proctor St	
City BRISTOL	State R.I.	City East Providence	State R.I.
Zip 02809		Zip 02914	
Director Name Antonio TEIXEIRA		Director Name	
Street Address 21 Cottage St		Street Address	
City BRISTOL	State R.I.	City	State
Zip 02809		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	Zip

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

FILED	
File Date	JUL 01 2008
Check No.	By 4457
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer

Date

MANUEL L. DASILVA
Print or Type Name of Officer

Secretary
Title of Officer