



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
5. Foreign corporation. Enter principal office address		State R.I.	Zip 02809

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOSEPH MONIZ			Vice President Name GEORGE COOPER		
Street Address 2 BORGES ST.			Street Address 48 Sherman Ave		
City BRISTOL	State R.I.	Zip 02809	City BRISTOL	State R.I.	Zip 02809
Secretary Name MANUEL L. DASILVA			Treasurer Name		
Street Address 16 BROOKS FARM DRIVE			Street Address		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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 DOURA			Director Name Daniel Amaral		
Street Address 556 METACOM AVE			Street Address 182 Proletarian St		
City BRISTOL	State R.I.	Zip 02809	City East Providence	State R.I.	Zip 02914
Director Name Antonio TEIXEIRA			Director Name		
Street Address 21 Cottage St			Street Address		
City BRISTOL	State R.I.	Zip 02809	City	State	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: Manuel L. Dasilva - June 27, 2008
Date: June 27, 2008

Print or Type Name of Officer: MANUEL L. DASILVA

Title of Officer: Secretary