

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

148 W. River Street Providence, RI 02904-2615

401.222.3040

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.

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1. Corporate ID No.	2. Name of Corp	2. Name of Corporation					
75110		C.A.C.D. CAPEVERDEAN AMERICAN COMMUNITY DEVELOPMENT OF RHODE ISLAND					
3. State of Incorporation	4. Corporate ad	dress in Rhode Island - Street	Address	City	Ζip		
RHODE ISLAND	120 HIGH	ST.		PAWTUCKET	02860		
5. Foreign corporation. Enter principal office address			City	State	Zip		
N/A							
6. Brief Description of the charac	cter of the affairs whic	ch are actually conducted in R	bode Island				
TO PROMOTE AND PR	ESERVE THE C	APEVERDEAN CULTU	IR AND HISTORY				
	SES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) T FILL IN SPACES	S BEFORE USING ATTAC	HMENTS		
President Name			Vice President Name				
ROMANA RAMOS			SILAS PINTO				
Street Address			Street Address				
542 YORK AVE.	State	Zip	5 APPLEGATE LN.	State	Zip		
PAWTUCKET	RI	02861	PROVIDENCE	RI	02905		
	1101	[02001	Treasurer Name	i Ki	102303		
Secretary Name ENEIDA MELO			ADEMILDO LOPES				
			Street Address				
Street Address 52 CARVER ST.			252 THATCHER ST.				
City	State	Zip	City	State	Zip		
PAWTUCKET	RI	02860	RUMFORD	RI	02916		
	-	•	ATTACHMENT) FILL IN SPACE	•	•		
							
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAN Director Name			Director Name				
			JOSEPH ANDRADE				
SILVIA GOMES Street Address			Street Address				
63 LORAIN ST.			855 BROAD ST.				
City	State	Zip	City	State	Zip		
PAWTUCKET	RI	02860	CENTRAL FALLS	RI	02863		
Director Name		102000	Director Name	Į I W	102000		
JUDITH LECA			250 55060 1 1 200000				
Street Address			Street Address				
28 GODDARD ST.							
City	State	Zip	City	State	Zip		
CUMBERLAND	RI	02864					
9. REGISTERED AGENT	•	•		•	•		
		0.00	60. 0		ra (30		
This information is current	tly of record in th	e Office of the Secretary of	of State. Changes require filing of F	orm 641 - K.I.G.L. 7-6-13/	17-0-78		
This report m	nust be signed by	either the President, Vic	e President, Secretary, Assistant S	Secretary, Treasurer, Rece	eiver or Trustee		
•		•	•	•			

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File Date	ED
Check No. DEC 1	0 2008
By:	513
FOR SECRETARY O	F 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 trug and correct.

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Signature of Officer Date

ROMANA RAMOS

Print or Type Name of Officer

PRESIDENT

Title of Officer