



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 312836		2. Name of Corporation ACADEMIA DO CRISTÓVÃO COLON THE ACADEMY OF CRISTÓVÃO COLON	
3. State of Incorporation BRISTOL		4. Corporate address in Rhode Island - Street Address 16 BROOKS FARM DRIVE	
		City BRISTOL	Zip 02809
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROMOTE GREATER AWARENESS THAT THE NAVIGATORS NAME WAS CRISTÓVÃO COLON			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MANOEL LUCIANO DA SILVA		Vice President Name FREDERICO PACHECO	
Street Address 16 BROOKS FARM DRIVE		Street Address 555 META COM AVE	
City BRISTOL	State R.I.	Zip 02809	City BRISTOL
Secretary Name SILVIA TORRE DA SILVA		Treasurer Name DANIEL AMARAL	
Street Address 16 BROOKS FARM DRIVE		Street Address 182 ROBINSON ST.	
City BRISTOL	State R.I.	Zip 02809	City EAST PROVIDENCE
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 ETELVINO ANDRADE		Director Name JOSE TORRE DA SILVA	
Street Address P.O. Box 6818		Street Address 31 BROOKS FARM DRIVE	
City NEW BEDFORD	State MA	Zip 02742	City BRISTOL
Director Name MANOEL TORRE DA SILVA		Director Name	
Street Address 3 LARSON COURT		Street Address	
City BRISTOL	State R.I.	Zip 02809	City
9. REGISTERED AGENT IN RHODE ISLAND			

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

FILED

File Date JUN 09 2009
Check No. By 4669
By: _____
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 Manoel Luciano da Silva Date JUNE 6 2009
Print or Type Name of Officer MANOEL LUCIANO DA SILVA
Title of Officer PRESIDENT