



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
A. Ralph Molis, 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. <b>276836</b>		2. Name of Corporation <b>Irmandade do Senhor Bom Jesus da Vila de Rabo de Peixe - USA, Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>54 Richfield Avenue</b>		City <b>East Providence</b>	Zip <b>02914</b>
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 <b>Charitable Organization and any other lawful purpose</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Joseph P. Silva</b>			Vice President Name <b>Antonio Vieira</b>		
Street Address <b>1325 Old Fall River Road</b>			Street Address <b>54 Richfield Avenue</b>		
City <b>Dartmouth</b>	State <b>MA</b>	Zip <b>02747</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>Sandy Silva</b>			Treasurer Name <b>Eduardo Medeiros</b>		
Street Address <b>62 Colony Road</b>			Street Address <b>40 Sharp Street</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Dartmouth</b>	State <b>MA</b>	Zip <b>02747</b>
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 <b>Felipe Vieira</b>			Director Name <b>Joao L. Faria</b>		
Street Address <b>352 Cole Street</b>			Street Address <b>20 Rowley Street</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>Joseph Botelho</b>			Director Name <b>Jose Nunes</b>		
Street Address <b>15 Callender Avenue</b>			Street Address <b>160 Sutton Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
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 <b>Antonio Vieira</b>			Address		
Address <b>54 Richfield Avenue</b>			City <b>East Providence</b>	Zip <b>02914</b>	

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

**FILED**  
JUN 23 2009  
By: **1192734**  
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: **Joseph P. Silva** Date: **6-22-09**  
Print or Type Name of Officer: **Joseph P. Silva**  
Title of Officer: **President**