

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Providence, RI 02904-2615 401.222.3040

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 sub,

2 33 3	s annual report within the time pre	scribea by law (R.I.G.L. /-	6-91) is subject to a
1. Corporate 1D No. 2. Name of Corporation.  COUDO FOLCIOTE 9 II has			
3. State of Incorporation 4. Corporate Juddress in Rhoche Island - Street Address 51 NOTH Ph	Street	E. Prov	02914
5. Foreign corporation. Enter principal office address	Сиу	State	Zip
Performance of the utfairs which are actually conducted in whole Island Performance of traditional Hortugese Azorean dances			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) THILL IN SPACES REPORT USING ATTACHMENT.			
Roberto Moderros	Vice President Name ANHONO LO	urenco	
Street Address ST State C Zith	203 montin	n st	
City E. PROU. State RI Zip 02914 Segregary Name 1 0	East Prov-	State R ->	7.ip 02914
MUND A Branco	Treasurer Ñame		
40 Anthony Street	Street Address		
E. Prov Page R1 202914	City	State	Ζίρ
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			
Roberto Mederros	Antonio Lo	wrenco	
SI AGNES ST	Street Address 203 man f	in St	
E. PROV. State RI. 210 02914	City East Prov	State Q -	2ip 02914
MUNO A Branco	Director Name		22910
40 Anthony St	Street Address		
E. NOU Start C/ Zip 03914  D. REGISTERED AGENT IN RHODE ISLAND	City·	State	Zip
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			

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 6-30-09	Statements Contained herein are true and correct.
Check No	ROBERTO F. MEDEIROS 06/22/0
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer