STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
43620	Po D' Terra Organization (Union Representing Cape Verdeans) URCV		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	207 Rhodes Street	PROV.	02905 B
5. **Foreign corporation.** Enter principal office address		City	State	Zip
		PROV.	RI	02905

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

CREATE AWARENESS & UNDERSTANDING OF THE CULTURE AND HELP IMMIGRANTS ADJUST TO AMERICA

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
PALMIRA GONCALVES	JOHN CARDOZA
Street Address: 207 RHODES ST	Street Address: 571 BROAD ST
City: PROVIDENCE State: RI Zip: 02905	City: PROVIDENCE State: RI Zip: 02907
Secretary Name	**Treasurer Name**
EMILIA MOREIRA (MOREIRA)	JOANN EAVES
Street Address: 83 DRESSEN ST	Street Address: 207 RHODES ST
City: PROVIDENCE State: RI Zip: 02905	City: PROVIDENCE State: RI Zip: 02905

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	Director Name
PALMIRA GONCALVES	JOHN CARDOZA
Street Address: 207 RHODES ST	Street Address: 571 BROAD ST
City: PROVIDENCE State: RI Zip: 02905	City: PROVIDENCE State: RI Zip: 02907
Director Name: EMILIA MOREIRA	Director Name: JOANN EAVES
Street Address: 83 DRESSEN ST	Street Address: 207 RHODES ST
City: PROVIDENCE State: RI Zip: 02905	City: PROVIDENCE State: RI Zip: 02905

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		
PALMIRA GONCALVES			
Address	City	Zip
207 RHODES STREET	PROVIDENCE	02905

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

[redacted] ** 4 3 6 2 0 ** [redacted]

File Date RECEIVED 7/16/04
Check No. [illegible] 100447
By: [illegible]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Palmira Gonsalves — *Signature of Officer* — 6-28-04 *Date*

PALMIRA GONCALVES — *Print or Type Name of Officer*

PRESIDENT — *Title of Officer*

Form 631 Rev. 04/04