

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

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.	1	2. Name of Corporation					
75110		C.A.C.D CAPEVERDEAN AMERICAN COMMUNITY DEVELOPMENT OF RHODE ISLAND					
3. State of Incorporation	-	4. Corporate address in Rhode Island - Street Address			Zip		
RHODE ISLAND	120 HIGH	ST.		PAWTUCKET	02860		
5. Foreign corporation. Enter principal office address			City	State	Zip		
N/A							
6. Brief Description of the char	acter of the affairs whi	ch are actually conducted in R	bode Island				
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [ FILL IN SPACES	S BEFORE USING ATTAC	CHMENTS		
President Name			Vice President Name				
ROMANA RAMOS			SILAS PINTO				
Street Address			Street Address				
542 YORK AVE.			5 APPLEGATE LN.				
Сиу	State	Zip	City	State	Zip		
PAWTUCKET	RI	02861	PROVIDENCE	RI	02905		
Secretary Name			Treasurer 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 DIKE  Director Name	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL NO	OT BE LESS THAN THRE	<u>E</u> (3). R.I.G.L. 7-6-23		
			Director Name				
SILVIA GOMES Street Address			JOSEPH ANDRADE				
			Street Address				
63 LORAIN ST.	Cent.	774	855 BROAD ST.				
PAWTUCKET	State RI	Zip	City	State	Zip		
Director Name	IKI	02860	CENTRAL FALLS	RI	02863		
JUDITH LECA			Director Name				
Street Address			Street Address				
28 GODDARD ST.	_						
City	State	Zip	City	State	Zip		
CUMBERLAND	RI	02864	1				
9. REGISTERED AGENT	' IN RHODE ISLA	ND		•	•		
This information is curren	ntly of record in th	e Office of the Secretary of	of State. Changes require filing of F	Form 641 - R.I.G.L. 7-6-13	<i>1</i> 7-6-78		
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rms report	musi be signed by	either the riesident, vic	e President, Secretary, Assistant S	Secretary, Treasurer, Rece	eiver or Trustee		

	LIEED.	
File Date	MAY 27 2010	
	1913	-
Зу:		-
FO	R SECRETARY OF STATE USE ONLY	

75410

Under penalty of perjury, I declare and affirm that	at I have examined this
report, including any accompanying schedules and	statements, and that all
statements contained herein are true and correct.	, ,
London	s 5/13/10
Signature of Officer	/ Date /
ROMANA RAMOS	
Print or Type Name of Officer	

**PRESIDENT**