

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 2010.

Filling Period: June 1 - June 30 • Filling 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 subj

penalty fee of \$25.00.	12 Name of com		o par so annual report within the time pr	estributa by water (New, O. E., 7-0	r-91) is subject to a	
38959	2. Name of Corporation Holy Ghost Brotherhood Mariense					
3. State of Incorporation	4. Controlate ad	dress in Rhode Island - Street	Address		T	
RHODE ISLAND	1		Address	City	Zip	
RHODE ISLAND 846 BROADWAY 5. Foreign corporation. Enter principal office address			T	EAST PROVIDEN		
g. sarpanina interpr	торы урке шине		City	State	Zφ	
6. Brief Description of the characte	r of the affairs whic	b are actually conducted in I	Rhode Island		<u> </u>	
TRADITIONAL HOLY GHO						
7. NAMES AND ADDRESSI	ES OF THE OF	ICERS: ("X" BOX FOR A	ITTACHMENT) [] FILL IN SPACES I	REPORT HEING ATTACH	MEDITO	
President Name		,	Vice President Name	DEFORE USING ATTACH	MENIS	
DAVID BAIROS			MANUEL COSTA			
Street Address			Street Address			
28 SKYCREST AVENUE			162 BROWN STREET			
City	State	Zip	City	State	Zip	
EAST PROVIDENCE	RI	02914	EAST PROVIDENCE	Ri	02914	
Secretary Name			Treasurer Name		02011	
STEPHANIE NUNES	· · · · · · · · · · · · · · · · · · ·		JOSEPH BRAGA			
Street Address			Street Address	W		
73 IPSWICH STREET			15 LAUREN DRIVE			
City	State	Zip	City	State	Zψ	
SEEKONK	MA	02771	SEEKONK	MA	02771	
THE NUMBER OF DIRECT	S OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACES I	BEFORE USING ATTACH	MENTS	
Director Name	URS OF A DOA	MESTIC (RHODE ISLA	ND) CORPORATION SHALL NOT	BE LESS THAN THREE	(3). R.I.G.L. 7-6-2;	
			Director Name	Director Name		
JOHN AMARAL Street Address			ANTONIO AMARAL			
			Street Address			
61 CIRCUIT DRIVE			193 SUMMIT STREET			
•	State	Zip	City	State	Zip	
EAST PROVIDENCE Officetor Name	RI	02915	EAST PROVIDENCE	RI	02914	
MICHAEL MEDINA			Director Name			
VIOLIALE MEDINA			JOAO SOUSA			
238 CHESTNUT STREET			Street Address			
Wy	State	120	78 HEATH STREET			
SEEKONK	I	Zip	City	State	Zip	
REGISTERED AGENT IN	MA RHODE ISLAN	02771	LEAST PROVIDENCE	RI	02914	
This information is currently	of record in the	Office of the Secretary o	f State. Changes require filing of Form	n 641 - R.I.G.L. 7-6-13/7-6	-78	
			e President, Secretary, Assistant Sec			

38959	
File Date J-2-2010 Check No. 4860 By: MMC 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 Date
FUR SECRETARY OF STATE USE ONLY	Title of Officer