

5. Foreign corporation. Enter principal office address

3. State of Incorporation

2. Name of Corporation

Corporate address in Rhode Island

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 20/1

Filing Period: 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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6. Brief Description of the characte.	r of the affairs which are ac WRAL PR	ctually conducted in Rhode Isl RESCRVE DK	etugues Herit	Age)	
			V MENT) ☐ FILL IN SPACES I		HMENTS
President Name			Vice President Name		
JOAO A MARTINS			JOSE PARIOS PINTO ALVES SR.		
G BINEY albrue			303 Heather St		
LINCOIN	R.I	02865	CRANSTON	R I	2ip 02910
Sose Alberto Silva			MARIA A PRESOTI		
Street Address Young Street			Strong Address allowe		
Mutucket	State P. I	Zip 02860	LINEOIN	R. L	02865
8. NAMES AND ADDRESSI		•	· 🗆	BEFORE USING ATTAC	ľ
1	ORS OF A DOMESTI	IC (RHODE ISLAND) (CORPORATION SHALL NOT	BE LESS THAN THRE	E (3). R.I.G.L. 7-6-23
ANTONIO RODRIGUES			Director Name ANIBAL COSTA		
Street Address			Street Address		
45 VERMON	IT STENUE	Zip. A.C.	34 FRANKI		7/0
CUMBERLAND	DI	102864	Cumberland	State RI	02864
Director Name ADELINO SI	MAO		Director Name		
Street Address 40 MAVIS Street			Street Address		
Cib	State	Zip	City	State	Zip
HWTUCKET S. REGISTERED AGENT IN	RHODE ISLAND	02860	1		
This information is currently	of record in the Office	e of the Secretary of State	e. Changes require filing of For	m 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					
			radin, bootetary, rissistant bo	oretary, recasurer, rece	iver of frustee
					hat I have examined this
- c 1 mg		7		ecompanying schedules as crein are true and correct.	nd statements, and that all
File Date			Trap &	I Hostin	- 6/6/2011
Check No.		HS:1 Hd 9-N	Signature of Officer	Man Gila	Date
JUN 06	2011	45:1 Hd 9-NI	Print or Type Name of C	Officer	
00110	STATE USE ONLY	BIATS VIC. DATE:	- Preside	INT	
BY FOR SECRETARY OF S	3		Title of Officer		Form 631 Rev. 09/17