



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

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SECRETARY OF STATE
CORPORATIONS DIV
JUN 28 PM 3:20
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1. Entity ID No. 97557		2. Exact name of the Corporation Racionalismo Cristao Filial de Pawtucket			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island People spiritualization, civic education.			
5. Principal office address 391 West Ave		City Pawtucket		State RI	Zip 02860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Daniel Lopes			Vice-President Name Oswaldo F. Rodrigues		
Street Address 6 Park Street			Street Address 264 West Ave		
City Central Falls	State RI	Zip 02863	City Pawtucket	State RI	Zip 02860
Secretary Name Nuria Chantre			Treasurer Name Oswaldo F. Rodrigues		
Street Address 46 Macondray Street			Street Address 264 West Ave		
City Cumberland	State RI	Zip 02864	City Pawtucket	State RI	Zip 02860
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joao Martir			Director Name Ines Cano		
Street Address 320 Lonsdale Ave			Street Address 150 Kenion Ave		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
Director Name Maria Rodrigues			Director Name Ana Cristina		
Street Address 264 West Ave			Street Address 43 Macondray Street		
City Pawtucket	State RI	Zip 02860	City Cumberland	State RI	Zip 02864
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

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JUN 28 2012

BY 02 173059

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.

Oswaldo F. Rodrigues 6/27/12
Signature of Officer Date

OSVALDO F. RODRIGUES
Print or Type Name of Officer

VICE PRESIDENT / TREASURER
Title of Officer