



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.

SECRETARY OF STATE
 CORPORATIONS DIV
 2012 DEC 14 AM 11:21

1. Entity ID No. 480956		2. Exact name of the Corporation Grupo Folclore 9 Ilhas			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Portuguese folk dance and music			
5. Principal office address 51 North Philips Street			City East Providence	State RI	Zip 02914
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Roberto Medeiros			Vice-President Name Rui Pimentel		
Street Address 51 Agnes St.			Street Address 95 Vine St.		
City East Providence	State RI	Zip 0294	City East Providence	State RI	Zip 02914
Secretary Name			Treasurer Name Joao E Faustino		
Street Address			Street Address 54 Church St.		
City	State	Zip	City East Providence	State RI	Zip 02914
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 Roberto Medeiros			Director Name Rui Pimentel		
Street Address 51 Agnes St.			Street Address 95 Vine St.		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Joao E Faustino			Director Name		
Street Address 54 Church St.			Street Address		
City East Providence	State RI	Zip	City	State	Zip
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: _____

FOR SECRETARY OF STATE USE ONLY

FILED 1121
 DEC 14 2012
 BY D 185555

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.

Roberto F. Medeiros 12/14/12
 Signature of Officer Date

ROBERTO F. MEDEIROS
 Print or Type Name of Officer

PRESIDENT
 Title of Officer