



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 2013

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.

1. Entity ID No. <b>790503</b>		2. Exact name of the Corporation <b>Charles Viveros Memorial Fund Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Non Profit Corp - Charitable</b>			
5. Principal office address <b>92 Bates Street</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>John Kennedy</b>		Vice-President Name <b>Thomas Hissins</b>			
Street Address <b>92 Bates St.</b>		Street Address <b>11 Jackson Ave</b>			
City <b>Pawt</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>EAST PROV</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>Elizabeth Costa</b>		Treasurer Name <b>Michael Kennedy</b>			
Street Address <b>14 LANCH ST.</b>		Street Address <b>54 Garden Drive</b>			
City <b>E. PROV</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROV</b>	State <b>RI</b>	Zip <b>02915</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>John Kennedy</b>		Director Name <b>Thomas Hissins</b>			
Street Address <b>92 Bates St.</b>		Street Address <b>11 Jackson Ave</b>			
City <b>Pawt</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>E. PROV</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name <b>Elizabeth Costa</b>		Director Name			
Street Address <b>14 Lanch St</b>		Street Address			
City <b>E. PROV</b>	State <b>RI</b>	Zip <b>02914</b>	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: \_\_\_\_\_

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MAY 09 2013

BY

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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

**Elizabeth Costa**

Print or Type Name of Officer

**Secretary**

Title of Officer

Date

**5/8/13**