

Jun. 27. 2013 7:24AM



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. 530444		2. Exact name of the Corporation AMIGOS DOS CEDROS			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island FRATERNAL ASSOCIATION			
5. Principal office address 14 SHERMAN AVENUE		City BRISTOL	State R.I.	Zip	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Domingos Escobar		Vice-President Name Paulo Da Rosa			
Street Address 38 Valley Street		Street Address 672 Allen Ave			
City Cumberland	State RI	Zip 02864	City North Attleboro	State MA	Zip 02760
Secretary Name Jason Da Rosa		Treasurer Name Joseph Da Rosa			
Street Address 33 Kristen Drive		Street Address 110 Boyden Boulevard			
City Seekonk	State MA	Zip 02771	City Riverside	State RI	Zip 02915
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dana Costa		Director Name Eduardo Mendonca			
Street Address 33 St. Laurent Pkwy		Street Address 21 Suffolk Ave			
City Seekonk	State MA	Zip 02771	City Rawtucket	State RI	Zip 02861
Director Name Paulo Da Rosa		Director Name			
Street Address 672 Allen Ave.		Street Address			
City N. ATTLEBORO	State MA	Zip 02760	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

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.

Paulo Da Rosa 7/16/13
Signature of Officer Date

Paulo Da Rosa
Print or Type Name of Officer

Vice President
Title of Officer

FILED

AUG 21 2013

BY CN 204220