



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.

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|--|---------------------|--|---------------------|
| 1. Entity ID No. 000536360 | | 2. Exact name of the Corporation ASSOCIAÇÃO SOLIDARIEDADE SANTANTONENSE | |
| 3. State of Incorporation R.I. | | 4. Brief description of the character of business conducted in Rhode Island. TO BRING TOGETHER THE NATIVES OF SANTO-ANTÃO AND CAPEVERDEAN COMMUNITY TOGETHER | |
| 5. Principal office address 389 - WEST AVE | | City Pawtucket | State R-I |
| | | Zip 02860 | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| President Name MANUEL LOPES DA S. FERREIRA | | Vice-President Name CESAR A. NASCIMENTO MONTEIRO | |
| Street Address 43 - EMMETT ST. | | Street Address 96 CENTER ST. | |
| City C. FALLS | State R-I | City Pawtucket | State R-I |
| Zip 02969 USA | | Zip 02860 USA | |
| Secretary Name ESMERALDA RODRIGUES | | Treasurer Name FRANCISCO DE ASSIS DUARTE | |
| Street Address 117 LONSDALE | | Street Address 194 WOODWARD AVE | |
| City C. FALLS | State R-I | City E. PROV. | State R-I |
| Zip 02863 | | Zip 02904 | |
| 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 JOSE M. LOPES | | Director Name JACINTO BENROS | |
| Street Address 391 - WEST AVE 1ST FL. | | Street Address 50 COWDEN ST. | |
| City Pawtucket | State R-I | City C. FALLS | State R-I |
| Zip 02860 | | Zip 02860 | |
| Director Name ALDEVINO R. DA FONSECA | | Director Name | |
| Street Address 143 - FLADE ST. | | Street Address | |
| City FALL RIVER | State MA | City | State |
| Zip 02724 | | | |
| 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 1240

SEP 16 2013

BY **205912**

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 _____ Date _____
JOSE M. LOPES

Print or Type Name of Officer
Director - Promotion -
 Title of Officer