



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 2014

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. 794972		2. Exact name of the Corporation AMIGOS D' BRAVA	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island HELP YOUTH CHILDREN OF OUR COMMUNITY AND CHILDREN OF OUR COUNTRY.	
5. Principal office address 101 GREENE ST		City PAWTUCKET	State RI
		Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name ULISSES M. TAVARES		Vice President Name DANIEL SEQUEIRA	
Street Address 101 GREENE ST		Street Address 209 KENYON ST	
City PAWT	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Secretary Name MANUEL CARDOSO		Treasurer Name AIRIS BURGO	
Street Address 84 HOWRY ST		Street Address 207 SUTTON AVE	
City PROVIDENCE	State RI	City E. PROVIDENCE	State RI
Zip 02908		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 ULISSES M. TAVARES		Director Name DANIEL SEQUEIRA	
Street Address 101 GREENE ST		Street Address 209 KENYON ST	
City PAWT	State RI	City PAWT	State RI
Zip 02860		Zip 02860	
Director Name MANUEL CARDOSO		Director Name	
Street Address 207 HOWRY ST		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02908		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

RECEIVED
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 CORPORATIONS DIV
 MAR 31 PM 1:03

File Date _____
 Check No _____
 By _____
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MAR 31 2014

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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.

ULISSES TAVARES 3.30-14
 Signature of Officer Date
ULISSES M. TAVARES
 Print or Type Name of Officer
PRESIDENT
 Title of Officer