



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

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. <u>76525</u>		2. Exact name of the Corporation <u>Our Lady of Fatima Holy Name Society</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island. <u>Kitchen + Ban for Parishioners of our Lady of Fatima church.</u>	
5. Principal office address <u>1 Fatima Drive</u>		City <u>Cumberland</u>	State <u>Rt.</u>
		Zip <u>02864</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Jack Costa</u>		Vice-President Name <u>Jose Cunha</u>	
Street Address <u>70 Hennes St.</u>		Street Address <u>69 Goodman St.</u>	
City <u>Cumberland</u>	State <u>Rt.</u>	City <u>Cumberland</u>	State <u>Rt.</u>
Zip <u>02864</u>		Zip <u>02864</u>	
Secretary Name <u>Jose manting</u>		Treasurer Name <u>Rimonaldo Peixoto</u>	
Street Address <u>43 Park View Ave</u>		Street Address <u>19 Howe St.</u>	
City <u>Cumberland</u>	State <u>Rt.</u>	City <u>Cumberland</u>	State <u>Rt.</u>
Zip <u>02864</u>		Zip <u>02864</u>	
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 <u>Fernando Corral</u>		Director Name <u>Diamantino Lopes</u>	
Street Address <u>1 Fatima Drive.</u>		Street Address <u>18 Eddy St.</u>	
City <u>Cumberland</u>	State <u>Rt.</u>	City <u>Cumberland</u>	State <u>Rt.</u>
Zip <u>02864</u>		Zip <u>02864</u>	
Director Name <u>John Lucena</u>		Director Name	
Street Address <u>49 Sunny Brook Drive</u>		Street Address	
City <u>Cumberland</u>	State <u>Rt.</u>	City	State
Zip <u>02864</u>		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, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAY 23 2014

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.

Jack Costa 5/17/14
 Signature of Officer or Authorized Representative Date
Jack Costa, President
 Print or Type Name of Officer or Authorized Representative