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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.	2. Exact name of the Corporation
530444	AMIGOS DOS CEDROS
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	FRATERNAL ASSOCIATION

5. Principal office address	City	State	Zip
14 SHERMAN AVENUE	BRISTOL	RI	02809

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
DOMINGOS ESCOBAR	38 VALLEY STREET	CUMBERLAND	RI	02864

Vice-President Name	Street Address	City	State	Zip
PAULO DAROSA	672 ALLEN AVE	NORTH ATTLEBORO	MA	02760

Secretary Name	Street Address	City	State	Zip
JASON DAROSA	33 KRISTEN DRIVE	SEEKONK	MA	02771

Treasurer Name	Street Address	City	State	Zip
JOSEPH DAROSA	110 BOYDEN BLVD	RIVERSIDE	RI	02915

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
DANA COSTA	33 ST. LAURENT PKWY	SEEKONK	MA	02771

Director Name	Street Address	City	State	Zip
EDUARDO MENDONCA	21 SUFFOLK AVE	PAWTUCKET	RI	02861

Director Name	Street Address	City	State	Zip
PAULO DAROSA	672 ALLEN AVE	NORTH ATTLEBORO	MA	02760

Director Name	Street Address	City	State	Zip
N/A				

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

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BY 228570

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 6-27-14
Signature of Officer or Authorized Representative Date

PAULO DAROSA
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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