



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. 26476		2. Exact name of the Corporation Holy Rosary Band Society			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Musicians and student musicians practice and perform musical concerts and other recreational festivals.			
5. Principal office address 157 Gano Street			City Providence	State RI	Zip 02906
President Name Joao Cabral		Vice-President Name Jose Cabral			
Street Address 30 Charles Street		Street Address 1850 Horton Street			
City East Providence	State RI	Zip 02914	City North Dighton	State MA	Zip 02764
Secretary Name Filomena Branco		Treasurer Name Sandra Camara			
Street Address 81 Oneida Street		Street Address 9 Kent Avenue			
City Pawtucket	State RI	Zip 02860	City East Providence	State RI	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 Patricia Ferreira			Director Name Kayla Cabral		
Street Address 51 Walnut Street			Street Address 30 Charles Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Victor Pimentel			Director Name		
Street Address 100 Crothers Avenue			Street Address		
City Cranston	State RI	Zip 02910	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, duly Authorized Representative, Receiver or Trustee

FILED
DEC 17 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.

File Date _____

Check No _____

By: _____

5895

Sandra J Camara

11/29/14

Signature of Officer or Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

Sandra Camara

Print or Type Name of Officer or Authorized Representative

Financial Secretary

Manuel Raposo
329 Columbus Avenue
Pawtucket, RI 02860

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DEC 17 2014

BY 26476