



**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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001007655		2. Exact name of the Corporation BANIF, INC.			
3. Principal office address 1645 Pleasant Street			City Fall River	State MA	Zip 02723
4. Business Phone No. 508-672-5881		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island Foreign Remittance					
7. LIST ALL OFFICERS NAMES AND ADDRESSES ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Luis Silva Anselmo			Vice-President Name None		
Street Address Rua J. B. Oliveira			Street Address		
City Ponta Delgada	State Azores	Zip	City	State	Zip
Secretary Name Walter Frazee, Jr.			Treasurer Name Ermelinda Albergaria		
Street Address 345 North Main Street			Street Address 1645 Pleasant Street		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02723
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Cesar M. Fernandes			Director Name		
Street Address 94 Farm Drive			Street Address		
City Cumberland	State RI	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100,000	Common	\$100,000.00

SECRETARY OF STATE  
CORPORATIONS DIV  
APR -3 AM 10:51

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**  
APR 03 2015

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.

*Walter Frazee, Jr.* 3/30/2015  
Signature of Authorized Representative Date

Walter Frazee, Jr.  
Print or Type Name of Authorized Representative

BY 8071