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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 2015

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
000028835	CHRISTIAN BRETHREN OF PAWTUCKET
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	WE ARE A CHURCH FUNCTIONING FULLY FOR THE SPIRITUAL BENEFIT OF THE COMMUNITY

5. Principal office address	City	State	Zip
400 IONSDALE AVENUE	PAWTUKET	RI	02860-1818

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

President Name			Vice-President Name		
CARLOS CERQUEIRA			DAVID CERQUEIRA		
Street Address			Street Address		
101 BURNSIDE STREET			101 BURNSIDE STREET		
City	State	Zip	City	State	Zip
CRANSTON	RI	02910	101 BURNSIDE STREET	RI	02910
Secretary Name			**Treasurer Name**		
PEDRO CERQUEIRA			CARLOS CERQUEIRA		
Street Address			Street Address		
101 BURNSIDE STREET			101 BURNSIDE STREET		
City	State	Zip	City	State	Zip
CRANSTON	RI	02910	CRANSTON	RI	02910

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

Director Name			Director Name		
STEVE LABAO			JOAO CARNEIRO		
Street Address			Street Address		
88 WEST EARLE STREET			19 ERIN LANE		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	HYANNIS	MA	02601
Director Name			**Director Name**		
RAFAEL NOBREGA			JAIME SOUSA		
Street Address			Street Address		
84 DIVISION STREET			118 BALCH STREET		
City	State	Zip	City	State	Zip
CENTRAL FALLS	RI	02863	PAWTUCKET	RI	02861

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

2015 JUN 16 AM 10:25

File Date _____
Check No _____
By: _____

FILED
JUN 19 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.

Carlos E. Cerqueira 06/19/15
Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY CA 251252 CARLOS E. CERQUEIRA
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

122163-1-1044333