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
97557	RACIONALISMO CRISTAO FILIAL DE PAWTUCKET
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	PEOPLE SPIRITUALIZATION, CIVIC EDUCATION, HELP THE ELDERLY

5. Principal office address	City	State	Zip
12 WALDO STREET	PAWTUCKET	RI	02860

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

President Name	Vice-President Name
DANIEL LOPES	OSVALDO F. RODRIGUES
Street Address: 6 PARK STREET	Street Address: 264 WEST AVE
City: CENTRAL FALLS, State: RI, Zip: 02863	City: PAWTUCKET, State: RI, Zip: 02860
Secretary Name	**Treasurer Name**
NURIA CHANTRE	OSVALDO F. RODRIGUES
Street Address: 65 CANDACE STREET	Street Address: 264 WEST AVE
City: PROVIDENCE, State: RI, Zip: 02908	City: PAWTUCKET, State: RI, Zip: 02860

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
JOAO MARTIR	INES CANO
Street Address: 320 LONDSDALE AVE	Street Address: 150 KENION AVE
City: PAWTUCKET, State: RI, Zip: 02860	City: PAWTUCKET, State: RI, Zip: 02861
Director Name	**Director Name**
MARIA RODRIGUES	ANA CRISTINA
Street Address: 264 WEST AVE	Street Address: 43 MACONDRAY STREET
City: PAWTUCKET, State: RI, Zip: 02860	City: CUMBERLAND, State: RI, Zip: 02864

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: ~~2015 JUN 26 PM 2:21~~

By: _____

~~CORPORATIONS DIV~~

FOR SECRETARY OF STATE USE ONLY By: _____

~~RECEIVED SECRETARY OF STATE~~

FILED
JUN 26 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.

Osvaldo F. Rodrigues 6/26/15
Signature of Officer or Authorized Representative Date

OSVALDO F. RODRIGUES
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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