RI SOS Filing Number: 201566538820 Date: 07/29/2015 4:00 PM

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

RECEIVED 2015 JUL 29 AM 8:42 SECRETARY OF STATE CORPORATIONS DIV

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
000976167	RI Cape Verdean Heritage
3. State of Incorporation: RI Domestic Non-Profit Corp.	4. Brief description of the character of business conducted in Rhode Island: Organize the Annual Cape Verdean Heritage Festival in Providence, RI. organize events to promote the Heritage and culture of Cape Verde

5. Principal office address	City	State	Zip
N/A	N/A	N/A	N/A

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

President Name	Vice-President Name
octavian Goncalves	Carla Stallworth
Street Address: 166 Peace Street	Street Address: 166 Peace Street
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907
Secretary Name	**Treasurer Name**
Cimoyne Alves	Tracey Cassell
Street Address: 66 Aetna Street	Street Address: 78 Homer Street
City: Central Falls State: RI Zip: 02863	City: Providence State: RI Zip: 02905

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
Octavian Goncalves	Carla Stallworth
Street Address: 166 Peace Street	Street Address: 166 Peace Street
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907
Director Name	**Director Name**
Cimoyne Alves	Tracey Cassell
Street Address: 66 Aetna Street	Street Address: 78 Homer Street
City: Central Falls State: RI Zip: 02863	City: Providence State: RI Zip: 02905

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

File Date JUL 29 2015

Check No 25324

By: BY

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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.

Octavian Goncalves
Signature of Officer or Authorized Representative Date

Octavian Goncalves
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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