



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. 000976167		2. Exact name of the Corporation 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 N/A		City N/A	State N/A
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Octaviano Gonçalves		Vice-President Name Carla Stallworth	
Street Address 166 Peace Street		Street Address 166 Peace Street	
City Providence	State RI	Zip 02907	City Providence
Secretary Name Cimoyne Alves		Treasurer Name Tracey Cassell	
Street Address 66 Aetna Street		Street Address 78 Homer Street	
City Central Falls	State RI	Zip 02863	City Providence
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Octaviano Gonçalves		Director Name Carla Stallworth	
Street Address 166 Peace Street		Street Address 166 Peace Street	
City Providence	State RI	Zip 02907	City Providence
Director Name Cimoyne Alves		Director Name Tracey Cassell	
Street Address 66 Aetna Street		Street Address 78 Homer Street	
City Central Falls	State RI	Zip 02863	City Providence
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 m

File Date JUL 29 2015

Check No

By: BY u 25374

FOR SECRETARY OF STATE USE ONLY

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.

Octaviano Gonçalves
Signature of Officer or Authorized Representative

Date

Octaviano Gonçalves
Print or Type Name of Officer or Authorized Representative