



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. <u>114218</u>		2. Exact name of the Corporation <u>GUINEA-BISSAU C. A. OF THE UNITED STATES OF AMERICA</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO PROVIDE FORMER RESIDENTS OF GUINEA-BISSAU NOW LIVING IN THE U.S. WITH A PLACE TO MEET AND SOCIALIZE, TO MAINTAIN AND PROMOTE CULTURAL IDENTITY AND ATTEMPT TO</u>	
5. Principal office address <u>63 BOSTON AVE</u>		City <u>PAWUCKET</u>	State <u>RI</u>
		Zip <u>02861</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>DANIELA MOTA BROWN</u>		Vice-President Name <u>MARIA FATIMA BAIDE</u>	
Street Address <u>90.50 70 DRIVE</u>		Street Address <u>120 HAMSHIRE ST</u>	
City <u>FOREST HILLS</u>	State <u>NY</u>	Zip <u>11375</u>	City <u>CAMBRIDGE</u>
			State <u>MA</u>
			Zip <u>02139</u>
Secretary Name <u>AMADU MANE</u>		Treasurer Name <u>HECTOR TAVARES PEREIRA</u>	
Street Address <u>5208 VILLAGE COURT</u>		Street Address <u>55 BUFFINGTON ST APTMENT #1</u>	
City <u>UNION CITY</u>	State <u>GA</u>	Zip <u>30281</u>	City <u>FALL RIVER</u>
			State <u>MA</u>
			Zip <u>02721</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>CARLOS NICOLAI</u>		Director Name <u>BRAMASINHO DHABA</u>	
Street Address <u>1702 MOUNT PISGACH LANE</u>		Street Address <u>16 BERRY ST, APTMENT #2</u>	
City <u>SILVER SPRING</u>	State <u>MD</u>	Zip <u>20903</u>	City <u>DORCHESTER</u>
			State <u>MA</u>
			Zip <u>02125</u>
Director Name <u>ANNA LOU JOVI</u>		Director Name <u>MANUEL GOMES</u>	
Street Address <u>63 ARISTOT AVE</u>		Street Address <u>100-01 SPRUCE ST #2</u>	
City <u>PAWUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>CORONA</u>
			State <u>NY</u>
			Zip <u>11368</u>
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 _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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Form No. 631
Revised: 04/2014

By: ANNA LOU JOVI

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.

ANNA LOU JOVI
Signature of Officer or Authorized Representative

ANNA LOU JOVI
Print or Type Name of Officer or Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
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