

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 2016

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

1. Entity ID No.	2. Exact name of the Corporation				
1007734	Paulo Matos Memorial Foundation				
B. State of Incorporation	4. Brief des	cription of the character	of business conducted in Rhode	Island	
Rhode Island	Fundraising for families of construction workers injured or deceased due to construction work.				
5. Principal office address 34 Appian Way			City Smithfield	State RI	Zip 02917
LIST ALL OFFICERS (NA	AMES AND ADDE	RESSES) ("X" BOX FO			
President Name			Vice-President Name		
Mark Albert			None		
Street Address			Street Address		
4 Appian Way					~
City	State	Zip	City	State	SE SE
mithfield	RI	02917			
cretary Name			Treasurer Name		
Amy Parker			73.20		N 22취급
Street Address			Street Address		- 50<
34 Appian Way			34 Appian Way	34 Appian Way	
ity	State	Zip	City	State	A SSE
mithfield	RI	02917	Smithfield	RI	02917 2917 2917
Director Name Mark Albert Street Address 4 Appian Way			Director Name Donald Gaunt Street Address 24 Appian Way		
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mithfield	RI	02917	City Smithfield	State Ri	Zip
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my Parker			Director Name		
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REGISTERED AGENT IN I				<u> </u>	
		Office of the Secretar	y of State. Changes require file	na Form 641	
			etary. Assistant Secretary, Treasu		oprogontativa Carri
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P014 . Bb		• • • • • •	Under penalty of perjury	y, I declare and affirm	that I have examined
File Date		FEB 2 9 2016	this report, including ar and that all statements	ny accompanying sch	edules and statemen
Check No		- LD L 3 LUK	, and that all statements	comunico nerem are	u de and correct.
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Check No			Signature of Officer or Au	thorized Representative	e Date
		1119	Amy Parker		
rm No. 631				Singa an Australia II D	
evised: 04/2014			Print or Type Name of Officer or Authorized Representative		