RI SOS Filing Number: 201699133220 Date: 05/19/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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
Filing Fee: $20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID Number	2. Exact name of the Corporation
001657997	MOTAPALOOZA
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	RAISE MONEY, MAKE AN ANNUAL DONATION TO SUICIDE PREVENTION CHARITY IN MEMORY OF JOHNNIE VIEIRA

5. Principal Office Address	City	State	Zip
339 GROTTO AVE	PAWTUCKET	RI	02860

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name ROBERT J MOTA			Vice-President Name		
Street Address 251 COOMER HILL ROAD			Street Address		
City DANVILLE	State CT	Zip 06241	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name ROBERT J MOTA			Director Name MELISSA URBAN AMES		
Street Address 251 COOMER HILL ROAD			Street Address 74 FLINT STREET		
City DANVILLE	State CT	Zip 06241	City PAWTUCKET	State RI	Zip 02861
Director Name MARIA F ABREU			Director Name		
Street Address 108 AMES STREET			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
	5/17/2016
Signature of Officer/Authorized Representative	

SIGN DOCUMENT HERE

FILED
MAY 19 2016
BY 145

Form No. 631
Revised: 2016
137129-3-1119853