



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
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.

2016 APR - 7 PM 1:41

1. Entity ID No. 530444		2. Exact name of the Corporation AMIGOS DOS CEDROS (FRIENDS OF CEDROS)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island FRATERNAL ASSOCIATION			
5. Principal office address 490 High Street, Suite 2		City Cumberland	State RI	Zip 02864	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Domingos Escobar		Vice-President Name Paulo Da Rosa			
Street Address 38 VALLEY ST.		Street Address 672 Allen Ave			
City Cumberland	State RI	Zip 02864	City N. Attleboro	State MA	Zip 02760
Secretary Name Jason Da Rosa		Treasurer Name Joseph Da Rosa			
Street Address 14 SHERMAN AVE		Street Address 110 Boyden Blvd			
City BRISTOL	State RI	Zip 02809	City EAST PROVIDENCE	State RI	Zip 02915
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DOMINGOS ESCOBAR		Director Name PAULO DAROSA			
Street Address 38 VALLEY ST		Street Address 672 ALLEN AVE			
City CUMBERLAND	State RI	Zip 02864	City N. ATTLEBORO	State MA	Zip 02760
Director Name JASON DAROSA		Director Name			
Street Address 14 SHERMAN AVE		Street Address			
City BRISTOL	State RI	Zip 02809	City	State	Zip
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

FILED

APR 07 2016

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.

Signature of Officer or Authorized Representative: Paulo Da Rosa
Date: 1-6-16

1:42 Paulo Da Rosa
Print or Type Name of Officer or Authorized Representative