



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: \_\_\_\_\_  
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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