



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

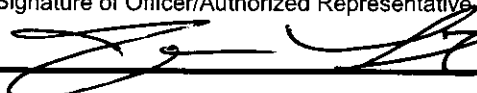
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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CORPORATIONS DIV

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|                                                                                                                                                                                                                    |                    |                                                                                                                                   |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Entity ID Number<br><b>000690551</b>                                                                                                                                                                            |                    | 2. Exact name of the Corporation<br><b>Twelvvision</b>                                                                            |                     |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                                                             |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Fundraising, Charity, Helping the Community</b> |                     |
| 5. Principal Office Address<br><b>67 CARPENTER Street</b>                                                                                                                                                          |                    | City<br><b>PAWT</b>                                                                                                               | State<br><b>RI</b>  |
|                                                                                                                                                                                                                    |                    | Zip<br><b>02860</b>                                                                                                               |                     |
| 6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                     |                    |                                                                                                                                   |                     |
| President Name<br><b>JAMES LEITE</b>                                                                                                                                                                               |                    | Vice-President Name<br><b>DANIEL DAROSA</b>                                                                                       |                     |
| Street Address<br><b>PO BOX 5801</b>                                                                                                                                                                               |                    | Street Address<br><b>295 Pawtucket Ave</b>                                                                                        |                     |
| City<br><b>PAWT</b>                                                                                                                                                                                                | State<br><b>RI</b> | Zip<br><b>02862</b>                                                                                                               | City<br><b>PAWT</b> |
|                                                                                                                                                                                                                    |                    |                                                                                                                                   | State<br><b>RI</b>  |
|                                                                                                                                                                                                                    |                    |                                                                                                                                   | Zip<br><b>02860</b> |
| Secretary Name                                                                                                                                                                                                     |                    | Treasurer Name                                                                                                                    |                     |
| Street Address                                                                                                                                                                                                     |                    | Street Address                                                                                                                    |                     |
| City                                                                                                                                                                                                               | State              | Zip                                                                                                                               | City                |
|                                                                                                                                                                                                                    |                    |                                                                                                                                   | State               |
|                                                                                                                                                                                                                    |                    |                                                                                                                                   | Zip                 |
| 7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                                                                                                                                   |                     |
| Director Name<br><b>BARNEY DASILVA</b>                                                                                                                                                                             |                    | Director Name<br><b>SCOTT PALARDY</b>                                                                                             |                     |
| Street Address<br><b>67 CARPENTER ST</b>                                                                                                                                                                           |                    | Street Address<br><b>89 VIVIAN AVE</b>                                                                                            |                     |
| City<br><b>PAWT</b>                                                                                                                                                                                                | State<br><b>RI</b> | Zip<br><b>02860</b>                                                                                                               | City<br><b>PAWT</b> |
|                                                                                                                                                                                                                    |                    |                                                                                                                                   | State<br><b>RI</b>  |
|                                                                                                                                                                                                                    |                    |                                                                                                                                   | Zip<br><b>02860</b> |
| Director Name<br><b>SALVADOR RODRIGUES</b>                                                                                                                                                                         |                    | Director Name                                                                                                                     |                     |
| Street Address<br><b>70 TREMONT ST</b>                                                                                                                                                                             |                    | Street Address                                                                                                                    |                     |
| City<br><b>CENTRAL FALLS</b>                                                                                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02863</b>                                                                                                               | 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.                                                                          |                    |                                                                                                                                   |                     |
| <b>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.</b>        |                    |                                                                                                                                   |                     |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>                                         |                    |                                                                                                                                   |                     |
| Name of Officer/Authorized Representative<br><b>JAMES LEITE</b>                                                                                                                                                    |                    | Date<br><b>7-8-16</b>                                                                                                             |                     |
| Signature of Officer/Authorized Representative<br> SIGN DOCUMENT HERE                                                            |                    |                                                                                                                                   |                     |

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MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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