RI SOS Filing Number: 201601830610 Date: 07/08/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation		
000690551	Twelvision		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	Fundraising, Charity, Helping the Community		
5. Principal Office Address	City	State	Zip
67 Carpenter Street	Pawt	RI	02860

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

President Name	James Leite		Vice-President Name	Daniel DaRosa	
Street Address	Po Box 5801		Street Address	295 Pawtucket Ave	
City	Pawt	State RI Zip 02862	City	Pawt	State RI Zip 02860
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	Barney DaSilva		Director Name	Scott PalarDy	
Street Address	67 Carpenter St		Street Address	89 Vivian Ave	
City	Pawt	State RI Zip 02860	City	Pawt	State RI Zip 02860
Director Name	Salvador Rodrigues		Director Name		
Street Address	70 Tremont St		Street Address		
City	Central Falls	State RI Zip 02863	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
James Leite	7-8-16

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
JUL 08 2016
BY CR 278579

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016