



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

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.

1. Entity ID No. 159656		2. Exact name of the Corporation Cretcheu Corp.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Social club to preserve Cape Verdean culture and raise funds for Cape Verdean causes.			
5. Principal office address 593 Weeden St., Unit 3		City Pawtucket	State RI	Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Antonio Rodrigues			Vice-President Name Lucas A. Barros		
Street Address 42 Bayview Ave.			Street Address 32 Thronley St.		
City Riverside	State RI	Zip 02915	City Pawtucket	State RI	Zip 02860
Secretary Name Armando G. Vieira			Treasurer Name Domingos Da Lomba		
Street Address 190 Garden St.			Street Address 70 Lorraine St.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Antonio Rodrigues			Director Name Domingos Da Lomba		
Street Address 42 Bayview Ave.			Street Address 100 Olympia St.		
City Riverside	State RI	Zip 02915	City Pawtucket	State RI	Zip 02861
Director Name Armando G. Vieira			Director Name Lucas A. Barros		
Street Address 190 Garden St.			Street Address 34 Thronley St.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 26 2016

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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

Date

Armando G. Vieira

Print or Type Name of Officer

Secretary/Director

Title of Officer