



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

Annual Report for the year: 2015  
 Non-Profit Corporation

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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.

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- 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 <b>000027610</b>		2. Exact name of the Corporation <b>KNIGHTS OF CORTE REAIS</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>DEDICATED TO CHARITY + CULTURE</b>	
5. Principal Office Address <b>2 BORGES STREET</b>		City <b>BRISTOL</b>	State <b>RI</b>
		Zip <b>02809</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 <b>JOSEPH MONIZ</b>		Vice-President Name <b>JOSE FARIA</b>	
Street Address <b>2 BORGES STREET</b>		Street Address <b>10 FRANCINE STREET</b>	
City <b>BRISTOL</b>	State <b>RI</b>	City <b>BRISTOL</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
Secretary Name <b>ANTONIO AVILA</b>		Treasurer Name <b>ANTONIO A. TEIXEIRA</b>	
Street Address <b>18 HIGHVIEW AVENUE</b>		Street Address <b>21 COTTAGE STREET</b>	
City <b>BRISTOL</b>	State <b>RI</b>	City <b>BRISTOL</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
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 <b>ANTHONY SOUSA</b>		Director Name <b>DANIEL AMARAL</b>	
Street Address <b>556 META COM AVENUE</b>		Street Address <b>182 ROBINSON STREET</b>	
City <b>BRISTOL</b>	State <b>RI</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02914</b>	
Director Name <b>JOSEPH J. MARTINS</b>		Director Name	
Street Address <b>ADDY DRIVE</b>		Street Address	
City <b>BRISTOL</b>	State <b>RI</b>	City	State
Zip <b>02809</b>		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>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>ANTONIO A. TEIXEIRA, TREASURER</b>			Date
Signature of Officer/Authorized Representative <i>Antonio Teixeira, Treasurer</i>			

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

**FILED**

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