



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

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

Annual Report for the year: 2014
 Non-Profit Corporation

2017 JAN 24 AM 11:25

- 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 000027610 | | 2. Exact name of the Corporation KNIGHTS OF CORTE REAIS | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island DEDICATED TO CHARITY + CULTURE | |
| 5. Principal Office Address 2 BORGES STREET | | City BRISTOL | State RI |
| | | Zip 02809 | |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name JOSEPH MONIZ | | Vice-President Name JOSÉ FARIA | |
| Street Address 2 BORGES STREET | | Street Address 10 FRANCING STREET | |
| City BRISTOL | State RI | City BRISTOL | State RI |
| Zip 02809 | | Zip 02809 | |
| Secretary Name ANTONIO AVILA | | Treasurer Name ANTONIO A. TEIXEIRA | |
| Street Address 18 HIGHVIEW AVENUE | | Street Address 21 COTTAGE STREET | |
| City BRISTOL | State RI | City BRISTOL | State RI |
| Zip 02809 | | Zip 02809 | |
| 7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name ANTHONY SOUSA | | Director Name DANIEL AMARAL | |
| Street Address 556 META COM AVENUE | | Street Address 182 ROBINSON STREET | |
| City BRISTOL | State RI | City EAST PROVIDENCE | State RI |
| Zip 02809 | | Zip 02914 | |
| Director Name JOSEPH J. MARTINS | | Director Name | |
| Street Address ADDY DRIVE | | Street Address | |
| City BRISTOL | State RI | City | State |
| Zip 02809 | | | 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. | | | |
| <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 ANTONIO A. TEIXEIRA, TREASURER | | | Date |
| Signature of Officer/Authorized Representative <i>Antonio Teixeira, Treasurer</i> | | | |

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

BY 29392

FORM 631 - Revised: 05/2016

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