



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

Annual Report for the year: 2015
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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 MAR - 7 PM 3:32

1. Entity ID Number 001013463		2. Exact name of the Corporation CV UNITED	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO serve individuals and families in the poorest communities in the world.	
5. Principal Office Address 272 WEST AVE.		City PAWUCKET	State RI
		Zip 02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FRANCISCO AMAO		Vice-President Name MELINY VIEIRA SEMEDO	
Street Address 212 CAMP ST.		Street Address 577 SCITUATE AVE.	
City PROVIDENCE	State RI	City CRANSTON	State RI
Zip 02906		Zip 02921	
Secretary Name BENJAMIN TEIXEIRA		Treasurer Name	
Street Address 212 CAMP ST.		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02906			
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 FRANCISCO AMAO		Director Name BENJAMIN TEIXEIRA	
Street Address 212 CAMP ST.		Street Address 212 CAMP ST.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
Director Name MELANY VIEIRA SEMEDO		Director Name	
Street Address 577 SCITUATE AVE.		Street Address	
City CRANSTON	State RI	City	State
Zip 02906			
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 <i>[Signature]</i>		Date 4/07/17	
Signature of Officer/Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT HERE	