



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

Annual Report for the year: ~~2015~~ 2017
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.

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|--|-----------------|---|---|------------------------|---------------------|
| 1. Entity ID Number 983084 | | 2. Exact name of the Corporation The Victoria Sousa Foundation | | | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island Provide scholarships to students at St Mary's Academy, Bay-View and St Philomena School | | | |
| 5. Principal Office Address 232 Hope 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 Catherine Sousa | | | Vice-President Name | | |
| Street Address 232 Hope Street | | | Street Address | | |
| City Bristol | State RI | Zip 02809 | City | State | Zip |
| Secretary Name Catherine Sousa | | | Treasurer Name Catherine Sousa | | |
| Street Address 232 Hope Street | | | Street Address 232 Hope Street | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | 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 Catherine Sousa | | | Director Name David Splaine | | |
| Street Address 232 Hope Street | | | Street Address 1126 Buttonwoods Avenue | | |
| City Bristol | State RI | Zip 02809 | City Warwick | State RI | Zip 02886 |
| Director Name Deborah Nelson | | | Director Name | | |
| Street Address 1126 Buttonwoods Avenue | | | Street Address | | |
| City Warwick | State RI | Zip 02886 | 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative Catherine Sousa | | | | Date 3/30/17 | |
| Signature of Officer/Authorized Representative | | | | | |

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

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