




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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 BUS SVCS DIV
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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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