RI SOS Filing Number: 201746627870 Date: 6/23/2017 4:00:00 PM

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

Annual Report for the year: 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.

1. Entity ID Number	2. Exact name of the Corporation
000994426	NOBIDADE TV
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To provide and promote cultural and educational programs for our diverse communities
4. NAICS Code: 624190	

6. Principal Office Address	City	State	Zip
213 RHODES ST	PROVIDENCE	RI	02905

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
LUIS D. LOPES	213 Rhodes Street	Providence	RI	02905

Vice-President Name	Street Address	City	State	Zip
NAPOLEON A. TEIXEIRA	118 WATERMAN AVENUE	EAST PROVIDENCE	RI	02914

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
LUIS D. LOPES	213 RHODES STREET	PROVIDENCE	RI	02905

Director Name	Street Address	City	State	Zip
REBECCA FLORES	78 BRAYTON AVE	CRANSTON	RI	02920

Director Name	Street Address	City	State	Zip
NAPOLEON TEIXEIRA	118 WATERMAN AVENUE	E. PROVIDENCE	RI	02914

Director Name	Street Address	City	State	Zip

9. 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	Date
LUIS D. LOPES	6/23/17

Signature of Officer/Authorized Representative

FILED
JUN 23 2017
BY 206771

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

FORM 631 - Revised: 06/2017