RI SOS Filing Number: 201746078050 Date: 6/23/2017 3:14:00 PM

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

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Annual Report for the year: 2016
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
000609942	NORBERTO TAVARES FOUNDATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO EDUCATE AND EMPOWER YOUNG PEOPLE THROUGH THE POWER OF MUSIC, CULTURE; PROVIDE ASSISTANCE
4. NAICS Code	

6. Principal Office Address	City	State	Zip
118 WATERMAN AVENUE	EAST PROVIDENCE	RI	02914

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

President Name	Vice-President Name
ANTONIO TAVARES	NAPOLEON TEIXEIRA
Street Address: 15 JACOB STREET	Street Address: 118 WATERMAN AVENUE
City: SEEKONK State: MA Zip: 02771	City: E. PROVIDENCE State: RI Zip: 02914
Secretary Name	**Treasurer Name**
JACK SANTOS	SANDRA ESCALEIRA
Street Address: 119 LEO AVENUE	Street Address: 118 WATERMAN AVE
City: PROVIDENCE State: RI Zip: 02904	City: EAST PROVIDENCE State: RI Zip: 02914

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

Director Name	Director Name
ANTONIO TAVARES	FELISBERTO FONTES
Street Address: 15 JACOB STREET	Street Address: 39 LAURA CIRCLE
City: SEEKONK State: MA Zip: 02771	City: CRANSTON State: RI Zip: 02920
Director Name: NAPOLEON TEIXEIRA	Director Name:
Street Address: 118 WATERMAN AVE	Street Address:
City: EAST PROV State: RI Zip: 02914	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
NAPOLEON TEIXEIRA	JUNE 23, 2017

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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JUN 23 2017 3:14
BY C168745300

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