



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.

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1. Entity ID Number 97557		2. Exact name of the Corporation RACIONALISMO CRISTAO FILIAL DE PAWTUCKET	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PEOPLE SPIRITUALIZATION, CIVIC EDUCATION	
4. NAICS Code 813110			
6. Principal Office Address 12 WALDO STREET		City PAWTUCKET	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DANIEL LOPES		Vice-President Name OSVALDO F. RODRIGUES	
Street Address 6 PARK STREET		Street Address 55 WHISPERING PINES	
City CENTRAL FALLS	State RI	Zip 02863	City CUMBERLAND
			State RI
			Zip 02864
Secretary Name NURIA CHANTRE		Treasurer Name OSVALDO F. RODRIGUES	
Street Address 65 CANDACE STREET		Street Address 55 WHISPERING PINES	
City PROVIDENCE	State RI	Zip 02908	City CUMBERLAND
			State RI
			Zip 02864
8. 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 JOAO MARTIR		Director Name INES CANO	
Street Address 320 LONSDALE AVE		Street Address 150 KENION AVE	
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET
			State RI
			Zip 02861
Director Name MARIA RODRIGUES		Director Name ANA CRISTINA	
Street Address 55 WHISPERING PINES		Street Address 43 MACONDRAY STREET	
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND
			State RI
			Zip 02864
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 OSVALDO F. RODRIGUES			Date 6/28/17
Signature of Officer/Authorized Representative <i>Osvaldo F. Rodrigues</i>			

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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JUN 28 2017

BY CN 307164

FORM 631 - Revised: 06/2017