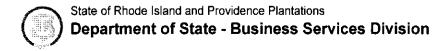
RI SOS Filing Number: 201747208050 Date: 7/10/2017 11:00:00 AM



## REINSTATEMENT

				Ĺ				
1. Entity ID Number:	2. The name of the entity is:							
979898	Fox Point Cape Verdean Heritage Park							
3. Date of Revocation:	4. Reason for Revocation:							
2/9/16	Annual Report							
5. Entity Type:								
Non-Profit								
6. The reinstatement includes:								
✓ Annual Reports (# of reports	3	(report filing fee)	\$ 20	Total Fees \$	60			
Penalty fees (# of years)	2	(penalty fee)	\$ 25	Total Fees \$	5 50			
Replacement filing fee	\$							
LOGS (Tax Good Standing)								
Legislative Act/Court Order								
Change of Agent Form (filing fee) \$ 10								
Change of Registered Office Form - NO FEE								
Certificate of Correction								
Amendment (name change required)								
7. The reinstatement is accompa	anied by:							

FILED

JUL 1 0 2017

BY 12 301851



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation** 

REGERVED R.I. DEPT. OF STATE BUS SYCS DIV

2017 JUL 10 AH 11: 09

-> 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								
Ø Ø Ø 9 <del>7</del> 9 8 9 8	FOX POINT CAPE VERDEAN HERITAGE PARK								
3. State of Incorporation	5. Brief descripti	on of the characte	r of business conducted in Rhode Isl	land The corp	igration 15,				
RI	The cieuelup,	orssemina.	te and support learning	ng and eauco	thon about				
	nne legacy	so of cone	of business conducted in Rhode Island The corporation 15 e and support learning and education about verdean culture ispecifically the history. Verdean culture from the Fox Point						
813319	Commun		Providence, RI.	(1,10 10)	10004				
6. Principal Office Address			City	State	Zip				
135 Roger Williams Avenue			Rumford	RT	०रे916				
7. List ALL officers (names and add	lresses)		Check the box to indicate an attachment						
President Name Blynis Ramos Mitchell			Vice-President Name Claire Andrade-Watkins						
Street Address 3365 Winter Wood CT			Street Address 135 Roger Williams for						
city Marietta	State G.A	zip 33062	Rumford	StateRI	21916				
Secretary Name			Treasurer Name Theresa Mello.						
Street Address Woodland Dr			Street Address 135 Rumford Ave						
Coventry	State	33816	city Rumford	State RI	Zip 02916				
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment									
Director Name Glynis Ramos Mitchell			Director Name Theresa Mello						
Street Address 3365 Winter Wood CT			Street Address 135 Roger Williams Aue						
city Marietta	State G A	Zip 30062	City Rumford	State RI	Zip 02916				
Director Name John B. Cruz			Director Name Royald P. Locke Esc.						
Street Address 1 . JUNN Ellioth Sq			Street Address 2699 Armsdale Rd						
city Roxbury	State MA	Zip 02119	chy Jacksonville	State FL	Zip 32218				
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 Ronald, P. Locke, Esq. Date June 29, 2017									
Signature of Officer/Authorized Representative									
	:	<u> </u>	FII Y						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:12 JUL 10 2017
BYLL 307857

FORM 691 - Revised: 05/2017