



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

REINSTATEMENT

1. Entity ID Number: 979898	2. The name of the entity is: Fox Point Cape Verdean Heritage Park																																				
3. Date of Revocation: 2/9/16	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Non-Profit																																					
6. The reinstatement includes: <table border="0"> <tr> <td>☒ Annual Reports (# of reports)</td> <td>3</td> <td>(report filing fee) \$ 20</td> <td>Total Fees \$ 60</td> </tr> <tr> <td>☒ Penalty fees (# of years)</td> <td>2</td> <td>(penalty fee) \$ 25</td> <td>Total Fees \$ 50</td> </tr> <tr> <td>☐ Replacement filing fee</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>☐ LOGS (Tax Good Standing)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Legislative Act/Court Order</td> <td></td> <td></td> <td></td> </tr> <tr> <td>☒ Change of Agent Form (filing fee) \$ 10</td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Change of Registered Office Form - NO FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Certificate of Correction</td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ Amendment (name change required)</td> <td></td> <td></td> <td></td> </tr> </table>		☒ Annual Reports (# of reports)	3	(report filing fee) \$ 20	Total Fees \$ 60	☒ Penalty fees (# of years)	2	(penalty fee) \$ 25	Total Fees \$ 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)			
☒ Annual Reports (# of reports)	3	(report filing fee) \$ 20	Total Fees \$ 60																																		
☒ Penalty fees (# of years)	2	(penalty fee) \$ 25	Total Fees \$ 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 accompanied by:																																					

FILED
 11:08
 JUL 10 2017
 BY LC 301851



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

Annual Report for the year:

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 JUL 10 AM 11:09

1. Entity ID Number 000979898		2. Exact name of the Corporation FOX POINT CAPE VERDEAN HERITAGE PARK	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The corporation is to develop, disseminate and support learning and education about the legacy of the Cape Verdean culture, specifically the history and lineage of Cape Verdean culture from the Fox Point Community of Providence, RI.	
4. NAICS Code 813319			
6. Principal Office Address 135 Roger Williams Avenue		City Rumford	State RI
		Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Glynis Ramos Mitchell		Vice-President Name Claire Andrade-Watkins	
Street Address 3365 Winter Wood CT		Street Address 135 Roger Williams Ave	
City Marietta	State GA	City Rumford	State RI
Zip 33062		Zip 02916	
Secretary Name Leah Hooks		Treasurer Name Theresa Mello	
Street Address 100 Woodland Dr		Street Address 135 Rumford Ave	
City Coventry	State RI	City Rumford	State RI
Zip 02816		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 Ave	
City Marietta	State GA	City Rumford	State RI
Zip 30062		Zip 02916	
Director Name John B. Cruz		Director Name Ronald P. Locke, Esq.	
Street Address 1 John Elliott Sq		Street Address 2699 Armsdale Rd	
City Roxbury	State MA	City Jacksonville	State FL
Zip 02119		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 <i>[Signature]</i>			

FILED

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

BY 307851

FORM 634 - Revised: 05/2017