RI SOS Filing Number: 201747208320 Date: 7/10/2017 11:10:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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BUS SVCS DIV

2017 JUL 10 AM 11: 08 100 100 100

-> 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 7 9 8 9 8	FOX POINT CAPE VERDEAN HERITAGE PARK			
3. State of Incorporation	5. Brief description of the characte	r of business conducted in Rhode Isl te and support learning	and The corp	pration 15
	the loggery of the Care	everdean culture ispe	eifically the	hickney
4. NAICS Code	and lineage of Cane	Verdean culture from the Fox Point		
813319	Community of	Providence RI.	1110	101111
6. Principal Office Address		City	State	Zip
135 Roger Williams Avenue		Rumford	RT	०2916
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
President Name Blynis Ramos Mitchell		Vice-President Name Claire Andrade-Watkins		
Street Address 3365 Wir	iter Wood CT	Street Address 135 Roger Williams Ave		
City Marietta	State G.A Zip 3306 2	city Rumford		82916
Secretary Name Leah Hooks		Treasurer Name Theresa Mello.		
Street Address 100 Woodland Dr		Street Address 135 Rumford Ave		
city Coventry	StateRI Zio 2816	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 Ran	nos Mitchell	Director Name Theresa Mello		
	ter Wood CT ··	Street Address 135 Roger Williams Ave		
city Marietta	State G A Zip 30062	city Rumford	State RI	ZIP02916
Director Name John B. Cruz		Director Name Ronald P. Locke, Esq.		
1 JOHN EILIOH 34		street Address 2699 Armsdale Rd		
	State MA Zip 02/19	city Jacksonville		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 Represe	Locke, Esq.	June 29	,2017	
Ronald P. Locke, Esq. June 29, 2017 Signature of Officer/Authorized Representative Signature of Officer/Authorized Representative 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

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FORM 631 - Revised: 05/2017