State of Rhode Island and Providence Plantations Office of the Secretary of State	5 Fee: \$20.00		
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
NOPE X Y			
Non-Profit Corporation Annual Report			
Filing Period: June 1 - June 30			
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. Corporate ID No. 000276836			
<b>2. Name of Corporation</b> <u>IRMANDADE DO SENHOR BOM JESUS DA VILA DE RABO DE</u> PEIXE-USA, INC. (BROTHERHOOD OF THE GOOD LORD JESUS OF THE VILA DE RABO DE PEIXE-USA, INC.)			
3. State of Incorporation			
State: <u>RI</u>			
ARTICLE III			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>			
NAICS Code	6		
813110			
4. Corporate Address in Rhode Island			
No and Otrest $\mathbf{D} \cap \mathbf{D} \cap \mathbf{V}$ 14172			
No. and Street:P.O. BOX 14172City or Town:EAST PROVIDENCEState: RIZip: 02914	Country: USA		
5. Foreign Corporation. Enter Principal Office Address			
No. and Street:			
City or Town: State: Zip: Country:			
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island			
CHARITABLE ORGANIZATION			
7. Names and Addresses of the Officers and Directors:			
All officers and directors must be listed. If officers and/or directors have been elected, the title			

## Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSEPH P SILVA	1325 OLD FALL RIVER RD. DARTMOUTH, MA 02747 USA
TREASURER	MARIA CARVALHO	166 CYPRESS FALL RIVER, MA 02720 USA
SECRETARY	ANNA SOARES	15 LAKE STREET SOMERSET, MA 02725 USA
CLERK	LAURINDA SILVA	1325 OLD FALL RIVER ROAD DARTMOUTH, MA 02747 USA
VICE PRESIDENT	MICHAEL VIEIRA	84 CITYVIEW AVENUE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JOSEPH BOTELHO	15 CALLENDER AVENUE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	FELIPE VIEIRA	352 COLE STREET SEEKONK, MA 02771 USA
DIRECTOR	JOAO L FARIA	20 ROWLEY STREET EAST PROVIDENCE, RI 02914 USA
DIRECTOR	DUARTE RODRIGUES	46 RICHFIELD AVENUE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JOSE CAVACO	50 GROVE AVENUE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	MANUEL VIEIRA	27 CAMELOT DRIVE SWANSEA, MA 02777 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICHAEL VIEIRA 84 CITYVIEW AVENUE EAST PROVIDENCE, RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 31 Day of July, 2017 at 9:34:56 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

## By JOSEPH P. SILVA

Signature of Authorized Person

Form No. 631 Revised 09/07 -