RI SOS Filing Number: 201751437840 Date: 10/12/2017 10:28:00 AM

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

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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.

1. Entity ID Number	2. Exact name of the Corporation
000909181	**Popular Praxis**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **Dedicated to sharing the community organizing skills and strategy, bringing together theory and action to expand participation in organizing efforts.**
4. NAICS Code: **813319 - Other Social Advoc**	

6. Principal Office Address	City	State	Zip
8 Lister Drive	**Barrington**	**RI**	**02806**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Camilo Viveiros**			Vice-President Name **Chloe Chassaing**		
Street Address **10 Island Heights Ave**			Street Address **8 Lister Drive**		
City **Somerset**	State **MA**	Zip **02726**	City **Barrington**	State **RI**	Zip **02806**
Secretary Name **Paul J. McNeil, Jr.**			Treasurer Name **None**		
Street Address **155 Hilton Road**			Street Address **None**		
City **Warwick**	State **RI**	Zip **02889**	City **None**	State **None**	Zip **None**

8 List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Camilo Viveiros**			Director Name **Chloe Chassaing**		
Street Address **10 Island Heights Ave**			Street Address **8 Lister Drive**		
City **Somerset**	State **MA**	Zip **02726**	City **Barrington**	State **RI**	Zip **02806**
Director Name **Paul J. McNeil, Jr.**			Director Name **None**		
Street Address **155 Hilton Road**			Street Address **None**		
City **Warwick**	State **RI**	Zip **02889**	City **None**	State **None**	Zip **None**

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	Date
Camilo Viveiros	October 10, 2017

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

OCT 12 2017
CR 314678
BY _____

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FORM 631 - Revised: 08/2017