



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

Annual Report for the year: 2017

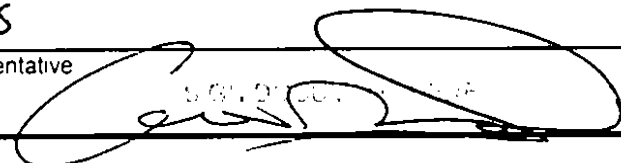
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 OCT 12 AM 10:25

1. Entity ID Number 000909181		2. Exact name of the Corporation 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 8 Lister Drive			City Barrington	State RI	Zip 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 Camilo Viveiros				Date 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

BY

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FORM 631 - Revised: 08/2017