



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**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:** 2018

**1. Corporate ID No.** 000076525

**2. Name of Corporation** OUR LADY OF FATIMA HOLY NAME SOCIETY

**3. State of Incorporation**

State: RI

**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 [click here](#).

NAICS Code

6

813319

**4. Corporate Address in Rhode Island**

No. and Street: 1 FATIMA DRIVE

City or Town: CUMBERLAND

State: RI

Zip: 02864

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**

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, BENEVOLENT, RELIGIOUS PURPOSES INURING TO THE BENEFIT OF THE CHURCH OF OUR LADY OF FATIMA VALLEY FALLS.

**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**Incorporator is no longer applicable; please delete**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**

| <b>Title</b>  | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|---------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT     | JACK COSTA                                            | 70 HESES ST.<br>CUMBERLAND, RI 02864 USA                          |
| TREASURER     | JOSE FONSECA                                          | 10 FOREST AVE.<br>CUMBERLAND, RI 02864 USA                        |
| SECRETARY     | ARTUR NETO REBELLO                                    | 34 HUNT ST<br>CENTRA FALLS, RI 02863 USA                          |
| OTHER OFFICER | JACK COSTA                                            | ,                                                                 |
| DIRECTOR      | TED FAUST                                             | 1280 DIAMOND HILL RD<br>CUMBERLAND, RI 02864 USA                  |
| DIRECTOR      | CARLOS DUARTE                                         | 17 WEST HUNT ST.<br>CENTRAL FALLS, RI 02863 USA                   |
| DIRECTOR      | JOSE CARVALHO                                         | 86 CURRAN RD.<br>CUMBERLAND, RI 02864 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**

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02903

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

**Signed this 29 Day of May, 2018 at 11:11:36 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 JACK COSTA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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