



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-9 containing corporate information, officer and director names and addresses, and registered agent details.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED stamp with date JUL 22 2005 and check number BY 5909361602

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.

Signature of Officer: Julio Baptista
Print or Type Name of Officer: PRESIDENT JULIO BAPTISTA
Title of Officer: PRESIDENT



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 116412 2. Name of Corporation RADIO DINOS, INC.  
 3. State of Incorporation RHODE ISLAND 4. Corporate address in Rhode Island - Street Address 700 WATER ST City EAST PROV State RI Zip 02860  
 Foreign corporation: Enter principal office address N/A

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  
BROADCAST A RADIO PROGRAM AIMED AT THE CAPEVERDEAN POP. IN RI

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Julio BARTISTA</u> Street Address <u>3 FOXWOOD DR</u> City <u>LINCOLN RI</u> State <u>RI</u> Zip <u>02865</u>	Vice President Name <u>NURIA CHANTRE</u> Street Address <u>46 MACONDRY ST</u> City <u>CUMBERLAND RI</u> State <u>RI</u> Zip <u>02860</u>
Secretary Name <u>JUVINO F. PERES</u> Street Address <u>24 EXETER ST</u> City <u>TAUNTON MA</u> State <u>MA</u> Zip <u>02780</u>	Treasurer Name <u>NURIA CHANTRE</u> Street Address <u>46 MACONDRY ST</u> City <u>CUMBERLAND RI</u> State <u>RI</u> Zip <u>02860</u>

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  
 THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name <u>JOHN M. GOMES</u> Street Address <u>61 PAULIONALE</u> City <u>R. R. I.</u> State <u>RI</u> Zip <u>02916</u>	Director Name <u>Luisa Teixeira</u> Street Address <u>18 COMSTOCK ST</u> City <u>PATTUCKETT RI</u> State <u>RI</u> Zip <u>02860</u>
Director Name <u>R. R. I. 02916 -1216</u> Street Address <u>R. R. I.</u> State <u>RI</u> Zip <u>02916</u>	Director Name <u>NURIA CHANTRE</u> Street Address <u>46 MACONDRY ST</u> City <u>CUMBERLAND RI</u> State <u>RI</u> Zip <u>02860</u>

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

Agent Name Julio BARTISTA  
 Address 3 FOXWOOD DR City LINCOLN RI State RI Zip 02865

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Julio Bartista 6/30/04  
 Signature of Officer Date  
Julio BARTISTA  
 Print or Type Name of Officer  
President  
 Title of Officer

**FILED**  
 File Date JUL 08 2004  
 Check No. By 40025978  
 FOR SECRETARY OF STATE USE ONLY COM

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 116412		2. Name of Corporation RADIO DI NOS, INC	
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 200 WATER STREET		City EAST PROS Zip 0
5. Foreign corporation. Enter principal office address N/A		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. BROADCAST A RADIO PROGRAM AIMED AT THE CAPEVERDEAN POPULATION IN RHODE ISLAND			

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JULIO BAPTISTA	Vice President Name CARLOS RODRIGUES
Street Address 3 FOXWOOD DRIVE	Street Address 413 LONSDALE AVE
City LINCOLN	City PAWT.
State RI	State RI
Zip 02865	Zip 02860
Secretary Name MARIA BAPTISTA	Treasurer Name BOAVENTURA BAPTISTA
Street Address 3 FOXWOOD DR	Street Address 11 FOSS ST
City LINCOLN	City PAWT.
State RI	State RI
Zip 02865	Zip 02860

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN THE SPACES BEFORE USING ATTACHMENTS  
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name JULIO BAPTISTA	Director Name BOAVENTURA BAPTISTA
Street Address 3 FOXWOOD DRIVE	Street Address 11 FOSS STREET
City LINCOLN	City PAWUCKET
State RI	State RI
Zip 02865	Zip 02860
Director Name MARIA BAPTISTA	Director Name
Street Address 3 FOXWOOD DRIVE	Street Address
City LINCOLN	City
State RI	State
Zip 02865	Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name JULIO P. BAPTISTA	Address
Address 3 FOXWOOD DRIVE	City LINCOLN
	Zip 02865

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

File Date: 7-22-03  
Check No.: 130083370  
By: AMF  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Julio Baptista Date: 6/7/03  
Print or Type Name of Officer: JULIO BAPTISTA  
Title of Officer: PRESIDENT

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-116412

Annual Report for the year 2002

- 1. The name of the corporation is RADIO DI NOS, INC
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 3 FOXWOOD DRIVE LINCOLN, RI 02865-
and the name of its registered agent in this state at that address is JULIO P. BAPTISTA
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is INFORMATION MUSIC, NEWS BROADCASTING TO THE COMMUNITY.
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island 200 WATER ST. EAST. PROVIDENCE, RI 02914
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

NAME

OFFICE

ADDRESS

Table with 3 columns: NAME, OFFICE, ADDRESS. Rows include: JUNIOR XAVIER Director 550 WOODEN ST PAWT. RI 02860; Carlos Rodrigues Director 413 LONSDALE AVE PAWT. RI 02860; MARIA BAPTISTA Director 3 FOXWOOD DR LINCOLN RI 02865; Julio BAPTISTA President 3 FOXWOOD DR LINCOLN RI 02865; SOFIA BAPTISTA Vice-President 11 Foss St PAWT RI 02860; EUGENIO GIBBY Secretary 283 WOODEN ST PAWT. RI 02860; CARLOS BAPTISTA Treasurer 1152 CAMPBELL ST PAWT RI 02861

Dated: 6/8/02

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.

RADIO DI NOS, INC

Exact Name of Corporation

By: Julio Baptista
Title: President

(Report must be signed by an officer)



\* 1 1 6 4 1 2 \*

FOR SECRETARY OF STATE USE ONLY
File Date: 6-28-02
Check No.: 5906809449
By: [Signature]