



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

Annual Report for the year:

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.

RECEIVED
STATE
SECRETARY OF
CORPORATIONS DIV
2018 SEP 28 PM 4:30

1. Entity ID Number 001013463		2. Exact name of the Corporation CV-United	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO SERVE individuals and families in the POOREST communities in the WORLD.	
4. NAICS Code 813410			
6. Principal Office Address 272 WEST AVE Pawtucket		City PAWTUCKET	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FRANCISCO AMAO		Vice-President Name Melany VIEIRA SEMEDO	
Street Address 5-KIDS WAY		Street Address 577 Scituate AVE.	
City PAWTUCKET	State RI	City CRANSTON	State RI
Zip 02860		Zip 02921	
Secretary Name BENJAMIN TEIXEIRA		Treasurer Name	
Street Address 5 KIDS WAY		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02860		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name FRANCISCO AMAO		Director Name BENJAMIN TEIXEIRA	
Street Address 5 KIDS WAY		Street Address 5 KIDS WAY	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Director Name Melany VIEIRA SEMEDO		Director Name	
Street Address 577 Scituate AVE.		Street Address	
City CRANSTON	State RI	City	State
Zip 02921		Zip	
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 [Signature]		Date 9/28/18	
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

SEP 28 2018

4:31

CC02A