State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 APR 17 A11:16

Annual Report for the year: 2018

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
164205	**Amigos de Rabo de Peixe, Inc.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **THE MOTIVATION, SOCIALIZATION AND FRATERNIZATION AMONG RABO DE PEIXE NATIVES RESIDING IN THE U.S. SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES.**
4 NAICS Code: **813990 - Other Similar Orga**	

6. Principal Office Address	City	State	Zip
194 WARREN AVE.	EAST PROVIDENCE	RI	02914

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

President Name: JOSE HERMANO ANDRADE			Vice-President Name: DONNA GONCALVES		
Street Address: 98 BROWN STREET			Street Address: 100 HOWLAND AVENUE		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: EAST PROVIDENCE	State: RIA	Zip: 02914
Secretary Name: LEONOR SILVA			Treasurer Name: ELVIRA RAPOSO		
Street Address:			Street Address: 220 Bedford St., Grayson #7, Bldg 79		
City:	State:	Zip:	City: BRIDGEWATER	State: MA	Zip: 02324

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

Director Name: JOSEPH E. PAIVA			Director Name: RICARDO MOURATO		
Street Address: 136 CAMERON WAY			Street Address: 86 BEVERLY ROAD		
City: REHOBOTH	State: MA	Zip: 02769	City: EAST PROVIDENCE	State: RI	Zip: 02915
Director Name: SILVINA ESTRELA			Director Name: MANUEL ESTRELA		
Street Address: 65 WALKER STREET			Street Address: 65 WALKER STREET		
City: FALL RIVER	State: MA	Zip: 02723	City: FALL RIVER	State: MA	Zip: 02723

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
ELVIRA RAPOSO	4/15/19

Signature of Officer/Authorized Representative: Elvira Raposo

FILED

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BY KL AØ HYE

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019

Schedule A to 2018 Annual Report filing for Amigos de Rabo de Peixe, Inc.:

Additional Officers:

Assistant Treasurer: Eusebio Pereira
463 Wood Street
Fall River, MA 02721

Assistant Secretary: Maria Rosario Vieira
11 Smith Street
West Warwick, RI 02893