RI SOS Filing Number: 201996242490 Date: 6/10/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

FILED

JUN	1	0	2019

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					
000909181	Popular Praxis						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Dedicated to sharing the community organizing skills and strategy, bringing together						
4. NAICS Code	theory and action to expand participation in organizing efforts.						
813319 - Other Social Advoc							
6. Principal Office Address			City	State	Zip		
8 Lister Drive			Barrington	RI	02806		
7. List ALL officers (names and ad	dresses)		······································	Check the box to indicat	e 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	<sup>Zip</sup> <b>02806</b>		
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	<sup>Zip</sup> None		
8. List ALL directors (names and a	ddresses). RI Co	rporations MUST	list at least THREE directors.	Check the box to indicat	e an attachment		
Director Name Camilo Viveiros			Director Name Chloe Chassaing				
Street Address 10 Island Heights Ave			Street Address 8 Lister Drive				
<sup>City</sup> Somerset	State MA	<sup>Zip</sup> 02726	City Barrington	State RI	<sup>Zip</sup> 02806		
Director Name Paul J. McNeil, Jr.			Director Name None				
Street Address 155 Hilton Road			Street Address None				
City Warwick	State RI	<sup>Zip</sup> 02889	City None	State None	Zip None		
9. Registered Agent in Rhode Islan	nd. This information	n is currently of recor	d in the Department of State. Cha	nges require filing Form 641	,		
Under penalty of perjury, I decla statements, and that all stateme				accompanying schedul	es and		
This report must be signed by either the Pre	sident, Vice-President	t, Secretary, Assistant S	ecretary. Treasurer, duly Authorized Re	presentative, Receiver or Truste	re.		
Name of Officer/Authorized Representative			Date				
Camilo Viveiros			5/20/19				
Signature of Officer/Authorized Re	presentative	SIGNUSS	HERE				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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