

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionRECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 DEC -6 PM 1:06

Annual Report for the year: 2019  
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 <b>000690551</b>		2. Exact name of the Corporation <b>Twelvision</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Charitable, Social, Fundraising</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>893A Smithfield Ave</b>		City <b>Lincoln</b>	State <b>RI</b>
		Zip <b>02865</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>James Leite</b>		Vice-President Name <b>Daniel DaRosa</b>	
Street Address <b>Po Box 5801</b>		Street Address <b>893A Smithfield Ave</b>	
City <b>Pawt</b>	State <b>RI</b>	City <b>Lincoln</b>	State <b>RI</b>
Zip <b>02862</b>		Zip <b>02865</b>	
Secretary Name		Treasurer Name <b>Joao Goncalves</b>	
Street Address		Street Address <b>1049 Main St</b>	
City	State	City <b>Pawt</b>	State <b>RI</b>
Zip		Zip <b>02860</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Scott Palardy</b>		Director Name <b>Salvador Rodrigues</b>	
Street Address <b>89 Vivian Ave</b>		Street Address <b>70 Tremont St</b>	
City <b>Pawt</b>	State <b>RI</b>	City <b>Central Falls</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02863</b>	
Director Name <b>Barney Dasilva</b>		Director Name	
Street Address <b>67 Carpenter St</b>		Street Address	
City <b>Pawt</b>	State <b>RI</b>	City	State
Zip <b>02860</b>		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 <b>James Leite</b>		Date <b>12/6/19</b>	
Signature of Officer/Authorized Representative 			

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov