



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

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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 001684277		2. Exact name of the Corporation Nos Cultura Our Culture			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island NOS CULTURA OUR CULTURE is a dynamic group whose purpose is to support and promote the Cape Verdean culture through fundraising, volunteer and education. We showcase cultural art, music and culinary.			
4. NAICS Code 813211					
6. Principal Office Address 1070 North Main Street			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arlindo Alves			Vice-President Name		
Street Address 35 Tiffany Street			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	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 Arlindo Alves			Director Name Arcelinda Alves		
Street Address 35 Tiffany Street			Street Address 35 Tiffany Street		
City Central Fall	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name Carlos Alves			Director Name Lenny Silva		
Street Address 35 Tiffany Street			Street Address 35 Tiffany Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Arlindo Alves				Date 8/13/20	
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE		

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

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 FORM 631 - Revised: 06/2019