



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001713441

**2. Name of Corporation** Cape Verde Restoration Outreach, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813110

**4. Principal Office Address**

No. and Street: 104 PALMER DR

UNIT E

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02904

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 104 PALMER DR

UNIT E

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02904

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

ENGAGING IN A BROAD RANGE OF STRATEGIES THAT PROMOTE HEALTH, EDUCATION AND DEVELOPMENT, AID IN DEVELOPING LIFE SKILLS AND FACILITATE JOB TRAINING, PROVIDE RELIGIOUS, CHARITABLE AND HUMANITARIAN SERVICES, SUPPORT MISSIONS AND TO ALSO ENGAGE IN ACTIVITIES WHICH ARE NECESSARY, SUITABLE OR CONVENIENT FOR THE ACCOMPLISHMENT OF THAT PURPOSE, OR WHICH ARE INCIDENTAL THERETO OR CONNECTED THEREWITH WHICH ARE

**CONSISTENT WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.**

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	KEITH KELBLE	104 PALMER DRIVE, UNIT E NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ANGELO BARBOSA	104 PALMER DRIVE, UNIT E NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	JACQUI SMITH	104 PALMER DRIVE, UNIT E NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ELCE KELBLE	104 PALMER DRIVE, UNIT E NORTH PROVIDENCE, RI 02904 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KEITH KELBLE 104 PALMER DRIVE, UNIT E NORTH PROVIDENCE , RI 02904

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 9 Day of June, 2021 at 11:44:54 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By KEITH KELBLE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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