

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Non-Profit Corporation

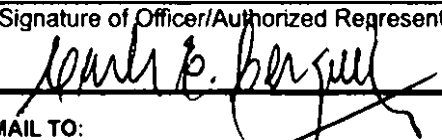
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUN 29 P 1:55

1. Entity ID Number 00028835		2. Exact name of the Corporation CHRISTIAN BROTHERS OF PAWTUCKET			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island WE ARE A CHURCH FUNCTIONING FULLY FOR THE SPIRITUAL BENEFIT OF THE COMMUNITY			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 400 LONSDALE AVENUE			City PAWTUCKET	State R.I.	Zip 02860-1818
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name CARLOS E. CERQUEIRA			Vice-President Name DAVID CERQUEIRA		
Street Address 101 BURNSIDE STREET			Street Address 101 BURNSIDE STREET		
City CRANSTON	State R.I.	Zip 02910	City CRANSTON	State R.I.	Zip 02910
Secretary Name PEDRO CERQUEIRA			Treasurer Name CARLOS CERQUEIRA		
Street Address 101 BURNSIDE STREET			Street Address 101 BURNSIDE STREET		
City CRANSTON	State R.I.	Zip 02910	City CRANSTON	State R.I.	Zip 02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name STEVE LABAO			Director Name JOAO CARNEIRO		
Street Address 88 WEST EARLE STREET			Street Address 19 ERIN LANE		
City CUMBERLAND	State R.I.	Zip 02864	City HYANNIS	State MA	Zip 02601
Director Name RAFAEL NOBREGA			Director Name JAIME SOUSA		
Street Address 360 EAST MAIN STREET			Street Address 118 BALCH STREET		
City WALLINGTON	State CT	Zip 06492	City PAWTUCKET	State R.I.	Zip 02861
9. The Registered Agent information of record with the RI Department of State is accurate. 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 CARLOS E. CERQUEIRA				Date JUNE 28, 2021	
Signature of Officer/Authorized Representative 					

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