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State of Rhode Island and Providence Plantations
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.

1. Entity ID Number	2. Exact name of the Corporation
001672757	EURIDECE FELIBERTA SANTOS IMPRINTS
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: FUNDRAISE ANNUAL (JANUARY) to benefit a family in the community struggling financially one family member will be a heart patient
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
366 WEEDEN ST.	PAWT.	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
NATALIA ALMEIDA-CARDOSO	
Street Address: 366 weeden st.	Street Address:
City: Pawt. State: RI Zip: 02860	City: State: Zip:
Secretary Name: ELIANGELA SANTOS	Treasurer Name:
Street Address: 366 weeden st.	Street Address:
City: PAWT State: RI Zip: 02860	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 ☐

Director Name	Director Name
OTANIELA GONCALVES	HELEN GAUDETTE
Street Address: 88 LARCH ST.	Street Address: 940 QUAKER LANE
City: PAWT. State: RI Zip: 02860	City: WARWICK State: RI Zip: 02861
Director Name: JOAO P. LOPES CARDOSO	Director Name:
Street Address: 366 WEEDEN ST.	Street Address:
City: PAWT. State: RI Zip: 02860	City: State: 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: NATALIA ALMEIDA CARDOSO
Date: 11/22/21
Signature of Officer/Authorized Representative: Natalia Almeida Cardoso

FILED
NOV 24 2021
BY CW BEZC
8:36

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019