



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year:
Non-Profit Corporation

2021

2021 NOV 24 A 8:34

- 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 001672757		2. Exact name of the Corporation EURECE FELBERTA SANTOS IMPRINTS	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island FUNDRAISE ANNUAL (In January) to benefit a family in the community struggling financially one family member was to be a heart patient	
4. NAICS Code 813319			
6. Principal Office Address 366 WEEDEN ST.		City PAWT.	State R.I. Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name NATALIA ALMEIDA-CARDOSO		Vice-President Name	
Street Address 366 Weeden St.		Street Address	
City Pawt.	State R.I.	City	State Zip
Secretary Name ELIANEIA SANTOS		Treasurer Name	
Street Address 366 Weeden St.		Street Address	
City Pawt.	State R.I.	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 DANIELA GONCALVES		Director Name HELENY GAUDOTTE	
Street Address 362 ARCH ST.		Street Address 940 QUAKER LANE	
City PAWT.	State R.I.	City NARRICUT	State R.I. Zip 02861
Director Name JOAO P. LOPES CARDOSO		Director Name	
Street Address 366 WEEDEN ST.		Street Address	
City PAWT.	State R.I.	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 <i>Natalia Almeida Cardoso</i>			

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

NOV 24 2021

BY *CK WBEZC*

8:36

FORM 631 - Revised: 03/2019