



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY -3 P 12: 53

1. Entity ID Number 97557		2. Exact name of the Corporation RACIONALISMO CRISTAO FILIAL DE PAWTUCKET	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PEOPLE SPIRITUALIZATION, CIVIC EDUCATION	
4. NAICS Code 813110			
6. Principal Office Address 12 WALDO STREET		City PAWTUCKET	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DANIEL LOPES		Vice-President Name OSVALDO F. RODRIGUES	
Street Address 6 PARK STREET		Street Address 55 WHISPERING PINES	
City CENTRAL FALLS	State RI	City CUMBERLAND	State RI
Zip 02863		Zip 02864	
Secretary Name MARIA RODRIGUES		Treasurer Name OSVALDO F. RODRIGUES	
Street Address 55 WHISPERING PINES		Street Address 55 WHISPERING PINES	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
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 INES CANO		Director Name ANA CRISTINA	
Street Address 150 KENYON AVE		Street Address 43 MACONDRY STREET	
City PAWTUCKET	State RI	City CUMBERLAND	State RI
Zip 02861		Zip 02864	
Director Name MARIA RODRIGUES		Director Name	
Street Address 55 WHISPERING PINES		Street Address	
City CUMBERLAND	State RI	City	State
Zip 02864		Zip	
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 OSVALDO F. RODRIGUES			Date 5/3/2023
Signature of Officer/Authorized Representative Osvaldo F. Rodrigues			

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

MAY 3 2023

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