



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

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

2023 MAY -8 P 1:42

1. Entity ID Number 000164205		2. Exact name of the Corporation Amigos do Rabo de Peixe, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote the Portuguese culture and traditions of the former and current residents and ancestors of Rabo de Peixe, Azores, Portugal.	
4. NAICS Code 813114			
6. Principal Office Address 194 Warren Ave.		City East Providence	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jose Hermans Andrade		Vice-President Name Ricardo Mourato	
Street Address 98 Brown St		Street Address 816 Beverly Rd.	
City East Providence	State RI	Zip 02914	City East Providence
			State RI
			Zip 02915
Secretary Name Leonor Silva		Treasurer Name Elvira Raposo	
Street Address 10 Meadow Ln.		Street Address 220 Bedford St, G-7	
City West Warwick	State RI	Zip 02893	City Bridgewater
			State MA
			Zip 02324
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 Elvira Raposo		Director Name Mario J. Barbosa	
Street Address 220 Bedford St, G-7		Street Address 1706 Robeson St	
City Bridgewater	State MA	Zip 02324	City Fall River
			State MA
			Zip 02720
Director Name Teresa Santos		Director Name	
Street Address 802 High St		Street Address	
City Fall River	State MA	Zip 02720	City
			State
			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.			
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 ELVIRA RAPOSO			Date 5/8/23
Signature of Officer/Authorized Representative ERaposo			

WB FILED 146

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govMAY 08 2023
BY 9656

FORM 631 - Revised: 2/2023