



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023**

**1. Corporate ID No.** 001007734

**2. Name of Corporation** Paulo Matos Memorial Foundation

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

**4. Principal Office Address**

No. and Street: 34 APPIAN WAY

City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

FUNDRAISING FOR FAMILIES OF CONSTRUCTION WORKERS INJURED OR DECEASED DUE TO CONSTRUCTION WORK.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK ALBERT	34 APPIAN WAY SMITHFIELD, RI 02917 USA
DIRECTOR	MARK ALBERT	34 APPIAN WAY SMITHFIELD, RI 02917 USA
DIRECTOR	AMY PARKER	34 APPIAN WAY SMITHFIELD, RI 02917 USA
DIRECTOR	MIKE SMITH	7 THURBER BLVD. SMITHFIELD, RI 02917 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

AMY PARKER, ESQ. 34 APPIAN WAY SMITHFIELD , RI 02917

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 5 Day of July, 2023 at 1:01:53 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By AMY PARKER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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