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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
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.

1. Entity ID Number	2. Exact name of the Corporation
000161248	Grupo Tradicao, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To showcase and disseminate the rich cultural heritage of Cape Verde through the preservation and promotion of traditional customs and practices.
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
59 Woodward Ave.	East Providence	RI	02914

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

President Name: Leovigildo DaCosta			Vice-President Name:		
Street Address: 59 Woodward Ave.			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:
Secretary Name:			Treasurer Name: Dulcineia Baptista		
Street Address:			Street Address: 449 Buchanan St.		
City:	State:	Zip:	City: Pawtucket	State: RI	Zip: 02860

6. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors — Check the box to indicate an attachment ☐

Director Name: Leovigildo DaCosta			Director Name: Dulcineia Baptista		
Street Address: 59 Woodward Ave.			Street Address: 449 Buchanan St.		
City: East Providence	State: RI	Zip: 02914	City: Pawtucket	State: RI	Zip: 02860
Director Name: Joao Alves			Director Name:		
Street Address: 29 Brunswick St.			Street Address:		
City: East Providence	State: RI	Zip: 02914	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	Date
Dulcineia Baptista	2/20/24

Signature of Officer/Authorized Representative: Dulcineia Baptista

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FEB 20 2024

BY RCSUY

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 04/2023