



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024

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 00028835		2. Exact name of the Corporation CHRISTIAN BRETHERN OF PAWTUCKET	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island WE ARE A CHURCH FUNCTIONING FULLY FOR THE SPIRITUAL BENEFIT OF THE COMMUNITY	
4. NAICS Code 813110			
6. Principal Office Address 400 LONSDALE AVENUE		City PAWTUCKET	State R.I.
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CARLOS E. CERQUEIRA		Vice-President Name DAVID CERQUEIRA	
Street Address 101 BURNSIDE STREET		Street Address 101 BURNSIDE STREET	
City CRANSTON	State R.I.	City CRANSTON	State R.I.
Zip 02910		Zip 02910	
Secretary Name PEDRO CERQUEIRA		Treasurer Name CARLOS E. CERQUEIRA	
Street Address 101 BURNSIDE STREET		Street Address 101 BURNSIDE STREET	
City CRANSTON	State R.I.	City CRANSTON	State R.I.
Zip 02910		Zip 02910	
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 STEVE LABAO		Director Name JOAO CARNEIRO	
Street Address 4410 BROOK STREET		Street Address 19 ERIN LANE	
City BELLEVUE	State NE	City HYANNIS	State MASS
Zip 68123		Zip 02601	
Director Name JOSUE CARVALHO		Director Name JAIME SOUSA	
Street Address 470 FRANKLIN STREET, APT 211		Street Address 118 BALCH STREET	
City FRAMINGHAM	State MASS	City PAWTUCKET	State R.I.
Zip 01702		Zip 02861	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Carlos E. Cerqueira			Date March 01, 2024
Signature of Officer/Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

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