



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 13 2024

BY

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 000076525		2. Exact name of the Corporation OUR LADY OF FATIMA HOLY NAME SOCIETY			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The corporation is organized and shall be operated exclusively for charitable, benevolent, religious purposes inuring to the benefit of the church of Our Lady of Fatima valley Falls			
4. NAICS Code 8113319					
6. Principal Office Address 1 FATIMA DR			City CUMBERLAND	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JACK COSTA			Vice-President Name JOSE A MARTINS		
Street Address 70 HEWES ST			Street Address 130 FAIRVIEW AVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name JOSE CUNHA			Treasurer Name JOSE FONSECA		
Street Address 69 GODDARD ST			Street Address 10 FOREST AVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	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 TED FAUST			Director Name JOSE CARVALHO		
Street Address 1280 DIAMOND HILL RD			Street Address 86 CURRAN RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name CARLOS DUARTE			Director Name		
Street Address 17 WEST HUNT ST			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	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.					
<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 JOSE FONSECA					Date 03/09/24
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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