



State of Rhode Island  
Department of State - Business Services Division

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.

REC'D RIDG05 BSD  
24 APR 14 PM 3:34:20

1. Entity ID Number <u>001672737</u>		2. Exact name of the Corporation <u>EURIDECE FELROBERTA SANTOS IMPRINTS</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Fundraiser for HELPING A FAMILY</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>366 Weeden St</u>		City <u>PAWT.</u>	State <u>RI</u>
		Zip <u>02610</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>NATALIA ALMEIDA CARDOSO</u>		Vice-President Name	
Street Address <u>366 Weeden St</u>		Street Address	
City <u>PAWT.</u>	State <u>RI</u>	Zip <u>02610</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>ELIZANGELA SANTOS</u>		Director Name <u>OCTAVIELA GONCALVES</u>	
Street Address <u>366 Weeden St</u>		Street Address <u>80 LARCH ST</u>	
City <u>PAWT.</u>	State <u>RI</u>	Zip <u>02610</u>	
Director Name <u>EMANUEL SANTOS</u>		Director Name	
Street Address <u>17 PARKER ST</u>		Street Address	
City <u>WATERFALLS</u>	State <u>RI</u>	Zip <u>02863</u>	
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 <u>Natalia Almeida Cardoso</u>			Date <u>3/14/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

MAR 14 2024  
BY ML GGYHF

FORM 631- Revised: 04/2023