



**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 YEAR 2024: 2024**

**1. Corporate ID No.** 001726677

**2. Name of Corporation** Source Hub

**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

624190

**4. Principal Office Address**

No. and Street: 357 SOUTH MAIN ST

City or Town: FALL RIVER

State: MA

Zip: 02721

Country: USA

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

SOURCE HUB AIDS THE IMMIGRANT COMMUNITY IN ACCESSING BASIC NEEDS

**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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VICE PRESIDENT	DANIELE MONTEFUSCO	291 PROSPECT AVE MIDDLETOWN, RI 02742 USA
DIRECTOR	MARCIO SILVEIRA	340 OLD MILL LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	FERNANDA MILKA SILVEIRA	340 OLD MILL LANE PORTSMOUTH, RI 02871 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**

FERNANDA SILVEIRA 340 OLD MILL LANE PORTSMOUTH , RI 02871

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

**Signed this 15 Day of April, 2024 at 10:33:37 AM 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 FERNANDA SILVEIRA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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