



**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.**    000979898

**2. Name of Corporation** Fox Point Cape Verdean Heritage Park

**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

813319

**4. Principal Office Address**

No. and Street:    135 ROGER WILLIAMS AVENUE

City or Town:      RUMFORD

State: RI    Zip: 02916    Country: USA

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

THE PURPOSE OF THE CORPORATION IS TO DEVELOP, DISSEMINATE AND SUPPORT LEARNING AND EDUCATION ABOUT THE LEGACY OF THE CAPE VERDEAN CULTURE, SPECIFICALLY THE HISTORY AND LINEAGE OF CAPE VERDEAN CULTURE FROM THE FOX POINT AREA OF PROVIDENCE, RHODE ISLAND AND TO CARRY ON ANY OTHER LAWFUL ACTIVITY IN SUPPORT OF AND TO BENEFIT THE ABOVE PURPOSES AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND BY A CORPORATION UNDER THE RHODE

ISLAND NONPROFIT CORPORATION ACT.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	GLYNIS RAMOS MITCHELL	3365 WINTER WOOD COURT MARIETTA, GA 33062 USA
VICE PRESIDENT/EXECUTIVE DIRECTOR	DR. CLAIRE ANDRADE WATKINS	135 ROGER WILLIAMS AVE RUMFORD, RI 02916 USA
TREASURER	THERESA MELLO	135 ROGER WILLIAMS AVE RUMFORD, RI 02916 USA
SECRETARY	LEAH HOOKS	100 WOODLAND DR COVENTRY, RI 02816 USA
LEGAL COUNSEL	RONALD P. LOCKE	135 ROGER WILLIAMS AVE RUMFORD, RI 02916 USA
DIRECTOR	GLYNIS RAMOS MITCHELL	3365 WINTER WOOD COURT MARIETTA, GA 33062 USA
DIRECTOR	DR. CLAIRE ANDRADE WATKINS	135 ROGER WILLIAMS AVENUE RUMFORD, RI 02916 USA
DIRECTOR	THERESA MELLO	135 ROGER WILLIAMS AVENUE RUMFORD, RI 02916 USA
DIRECTOR	LEAH HOOKS	135 ROGER WILLIAMS AVENUE RUMFORD, RI 02916 USA
DIRECTOR	JOHN B. CRUZ	1 JOHN ELIOT SQUARE BOSTON, MA 02119 USA
DIRECTOR	DOMINGO LOPES	10 SOUTH PROSPECT STREET EAST PROVIDENCE, RI 02914 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**

RONALD P. LOCKE, ESQ. 135 ROGER WILLIAMS AVENUE RUMFORD , RI 02916

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

**Signed this 8 Day of May, 2024 at 2:54:02 PM 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 ATTY. RONALD P. LOCKE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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