



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 RIDOS BSD  
24 MAY 29 AM 10:08:3

1. Entity ID Number <u>000070220</u>		2. Exact name of the Corporation <u>Grupo Amigos de Terceira Inc of + ecc-eira</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To assist families or individuals in New England</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>55 Memorial Drive</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02860</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>Heliz Pereira</u>		Vice-President Name <u>Luciana Pereira</u>	
Street Address <u>18 Cammae St.</u>		Street Address <u>10 Haverling Rd</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>North Attleboro</u>	State <u>MA</u>
Zip <u>02861</u>		Zip <u>01760</u>	
Secretary Name <u>Francisca Mendonca</u>		Treasurer Name <u>Herminio Jorge Avila</u>	
Street Address <u>696 Warren Ave</u>		Street Address <u>11 Fenwick St.</u>	
City <u>East Providence</u>	State <u>RI</u>	City <u>East Providence</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02914</u>	
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>Denise R. Moniz</u>		Director Name <u>Lucia Pereira Horta</u>	
Street Address <u>129 Anthony St.</u>		Street Address <u>467 Farmington Ave</u>	
City <u>East Providence</u>	State <u>RI</u>	City <u>Warren</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02920</u>	
Director Name <u>Gabriel Pereira</u>		Director Name	
Street Address <u>18 Cammae St.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02861</u>		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.			
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>Herminio Jorge Avila</u>			Date <u>5.29.2024</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

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MAY 29 2024 RM 631 - Revised: 04/2023  
BY 706 TF