



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amended
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 10:08:35

1. Entity ID Number <u>000092335</u>		2. Exact name of the Corporation <u>Community Center of Grupo Amigos de Teixeira Jr</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>A club organized for pleasure recreation and other non-profitable purposes TITLE 7-4</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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Helio Pereira</u>		Vice-President Name <u>William Pereira</u>	
Street Address <u>18 Camrac ST.</u>		Street Address <u>10 Haverkins Rd</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>North Attleboro</u>	State <u>MA</u> Zip <u>02760</u>
Secretary Name <u>Fernanda 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>
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 <u>Denise R. Muniz</u>		Director Name <u>Lucia Pereira Monteiro</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>Cranston</u>	State <u>RI</u> Zip <u>02906</u>
Director Name <u>Sara Gabriela Pereira</u>		Director Name	
Street Address <u>18 Camrac ST.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	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.			
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

FILED 1008

MAY 29 2024

BY _____



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 29, 2024 10:08 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

