



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 RIDDS 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 da Tercera Id</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 Camac ST.</u>		Street Address <u>10 Hasekims 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>02710</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>		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 de Munitz</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>02914</u>		Zip <u>02916</u>	
Director Name <u>Sara Gabriela Pereira</u>		Director Name	
Street Address <u>18 Camac ST.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02860</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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>Herminio Jorge Avila</u>			Date <u>5-29-2024</u>
Signature of Officer/Authorized Representative 			

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 1003

MAY 29 2024

BY _____