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**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.

1. Entity ID Number <u>26476</u>		2. Exact name of the Corporation <u>HOLY ROSARY BAND SOCIETY</u>	
3. State of Incorporation <u>RI</u>		6. Brief description of the character of business conducted in Rhode Island <u>TEACH MUSIC AND PERFORM AT VARIOUS FUNCTIONS MOSTLY RELIGIOUS.</u>	
4. NAICS Code <u>711130</u>			
6. Principal Office Address <u>328 TAUNTON AVE</u>		City <u>EAST PROVIDENCE</u>	State <u>RI</u> Zip <u>02914</u>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JDAO BARBOSA</u>		Vice-President Name <u>LUIS FARIAS</u>	
Street Address <u># 19 SEABROOK DA.</u>		Street Address <u>267 CALIFORNIA AVE</u>	
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02905</u>
Secretary Name <u>CARLOS GARCIA</u>		Treasurer Name <u>RAMIRO MENDES</u>	
Street Address <u>49 WALNUT ST.</u>		Street Address <u>23 JOSEPHINE AVE</u>	
City <u>EAST PROVIDENCE</u>	State <u>RI</u>	City <u>RUMFORD</u>	State <u>RI</u> Zip <u>02916</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>DANIEL PIMENTEL</u>		Director Name <u>RAMIRO MENDES</u>	
Street Address <u>100 MANCHESTER ST.</u>		Street Address <u>23 JOSEPHINE ASP</u>	
City <u>N. PROVIDENCE</u>	State <u>RI</u>	City <u>RUMFORD</u>	State <u>RI</u> Zip <u>02916</u>
Director Name <u>MANUEL SOARES</u>		Director Name	
Street Address <u>25 CHESTER ST.</u>		Street Address	
City <u>SEEKONK</u>	State <u>MA</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.			
<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>RAMIRO MENDES</u>			Date <u>6/14/24</u>
Signature of Officer/Authorized Representative <u>Ramiro Mendes</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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FORM 631- Revised: 04/2023

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