



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2024 JUL -1 AM 11:44

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 63737	2. Exact name of the Corporation BANDA FILARMONICA ST. ISABEL		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island MUSICAL BAND		
4. NAICS Code 711310			
6. Principal Office Address 120 FRANKLIN STREET		City BRISTOL	State RI
		Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FERNANDO LOPES		Vice-President Name	
Street Address 120 FRANKLIN STREET		Street Address	
City BRISTOL	State RI	Zip 02809	
Secretary Name JENNIFER TAVARES		Treasurer Name ISABEL ORTERRY	
Street Address 120 FRANKLIN STREET		Street Address 120 FRANKLIN STREET	
City BRISTOL	State RI	Zip 02809	City BRISTOL
			State RI
			Zip 02809
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 JOSEPH PAIVA		Director Name JENNIFER TAVARES	
Street Address 120 FRANKLIN STREET		Street Address 120 FRANKLIN STREET	
City BRISTOL	State RI	Zip 02809	City BRISTOL
			State RI
			Zip 02809
Director Name JOSE N CORREIA		Director Name	
Street Address 120 FRANKLIN STREET		Street Address	
City BRISTOL	State RI	Zip 02809	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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>			
<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 JOSEPH E. PAIVA			Date 6/27/24
Signature of Officer/Authorized Representative 			FILED
			JUL 1 2024
			BY YD76y
			11:46

MAIL TO:
Division of Business Services
146 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY YD76y
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