


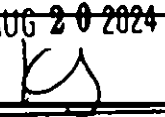


State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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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.

1. Entity ID Number <b>000092335</b>		2. Exact name of the Corporation <b>Community Center of Grupo Amigos da Terceira, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To assist families or individuals in New England</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>55 Memorial Drive</b>		City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02860</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Helio Pereira</b>			Vice-President Name <b>Nathan Pereira</b>		
Street Address <b>18 Camac St</b>			Street Address <b>10 Hawkins Rd</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>N Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>
Secretary Name <b>Fernanda Mendonca</b>			Treasurer Name <b>Joseph A Cavaco</b>		
Street Address <b>696 Warren Ave</b>			Street Address <b>21 Hurdis St</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>N Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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 <b>Deniz Moniz</b>			Director Name <b>Lucia Pereira Monteiro</b>		
Street Address <b>129 Anthony St</b>			Street Address <b>467 Farmington Ave</b>		
City <b>E Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>Gabriela Pereira</b>			Director Name		
Street Address <b>18 Camac St</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Joseph A Cavaco</b>				Date <b>08/20/2024</b>	
Signature of Officer/Authorized Representative 				AUG 20 2024 	

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