



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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
25 JAN 24 PM 2:06:34

1. Entity ID Number 000609942		2. Exact name of the Corporation NORBERTO TAVARES FOUNDATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO EDUCATE AND EMPOWER YOUNG PEOPLE THROUGH THE POWER OF MUSIC AND CULTURE AND PROVIDE ASSISTANCE FOR MUSICIANS EDUCATORS, ELDERS, AND STUDENTS			
4. NAICS Code 611610					
6. Principal Office Address 12 GEMINI DR			City EAST PROVIDENCE	State RI	Zip 02914
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ANTONIO TAVARES			Vice-President Name NAPOLEON TEIXEIRA		
Street Address 15 JACOB ST			Street Address 45 ROMA ST		
City SEEKONK	State MA	Zip 02771	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name SANDRA ESCALEIRA			Treasurer Name SANDRA ESCALEIRA		
Street Address 12 GEMINI DR.			Street Address 12 GEMINI DR.		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
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 JACK SANTOS			Director Name FELISBERTO FONTES		
Street Address 119 LEO AVE			Street Address 708 WEEDEN ST		
City PROVIDENCE	State RI	Zip 02904	City PAWTUCKET	State RI	Zip 02860
Director Name TERENCIO FONSECA			Director Name		
Street Address 104 VINE ST			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	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 ANTONIO TAVARES				Date 1-24-25	
Signature of Officer/Authorized Representative <i>Antonio Tavares</i>					

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

FILED
JAN 24 2025 2112
BY ONRPM
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FORM 631- Revised 12/2023