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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.

1. Entity ID Number	2. Exact name of the Corporation
001673929	USAL & FRIENDS COMMUNITY ACTION
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	provide assistance to people in needs Promote events within the community share opportunities and motivate members for full integration in America
4. NAICS Code	
813319	

6. Principal Office Address	City	State	Zip
118 Waltman St	Pawtucket	RI	028[illegible]

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Belita Ribeiro	Vice-President Name: Aláudio Ramos
Street Address: 19 Butler St	Street Address: 70 Holbrok Ave
City: Newport State: RI Zip: 02840	City: Braintree State: MA Zip: 027[illegible]
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

Check the box to indicate an attachment ☐

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Director Name: Leila Barbosa	Director Name: Carlos Ramos
Street Address: 11 ~~Davis~~ Mill Road	Street Address: 62 Langdon AV
City: Acushnet State: MA Zip: 02743	City: Pawtucket State: RI Zip: 028[illegible]1
Director Name: Paulo Andrade	Director Name:
Street Address: 50 Myrtle St	Street Address:
City: Taunton State: MA Zip: 02780	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	Date
Nelson Evora	Feb 05, 2025

Signature of Officer/Authorized Representative: Nelson

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
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FORM 631- Revised: 04/2023

BY MS3HR
EG