



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 RIDGSD BSD
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1. Entity ID Number <u>001673929</u>		2. Exact name of the Corporation <u>USAL 8 FRIENDS COMMUNITY ACTION</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Provide assistance to people in need Promote events within the community Share opportunities and motivate members for full integration in America</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>118 Waltman St</u>		City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02860</u>
7. List ALL officers (names and addresses) ☐ Check the box to indicate an attachment			
President Name <u>Belita Ribeiro</u>		Vice-President Name <u>Alaudio Ramos</u>	
Street Address <u>19 Butler St</u>		Street Address <u>70 Holbrook Ave</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Braintree</u>	State <u>MA</u> Zip <u>02130</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. ☐ Check the box to indicate an attachment			
Director Name <u>Leila Barbosa</u>		Director Name <u>Carlos Ramos</u>	
Street Address <u>11 Davis Mill Road</u>		Street Address <u>62 Langdon Av</u>	
City <u>Acushnet</u>	State <u>MA</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02861</u>
Director Name <u>Paulo Andrade</u>		Director Name	
Street Address <u>50 Myrtle St</u>		Street Address	
City <u>Taunton</u>	State <u>MA</u>	City	State
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 <u>Nelson Ewora</u>			Date <u>Feb 05, 2025</u>
Signature of Officer/Authorized Representative <u>Nelson Ewora</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

BY MS3HR