


**State of Rhode Island
Department of State - Business Services Division**
**Annual Report for the year:
Non-Profit Corporation**
2023

→ 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 RI SOS BSD
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1. Entity ID Number 001673929		2. Exact name of the Corporation USAL 8 FRIENDS COMMUNITY ACTION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island 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 118 waltman St		City Pawtucket	State RI Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Belita Ribeiro		Vice-President Name Aláudio Ramos	
Street Address 19 Butler St		Street Address 70 Holbrook Ave	
City Newport	State RI Zip 02840	City Braintree	State MA Zip 021
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State Zip	City	State Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Leila Barbosa		Director Name Carlos Ramos	
Street Address 11 Dwyer Mill Road		Street Address 62 Langdon Av	
City Acushnet	State MA Zip 02743	City Pawtucket	State RI Zip 02860
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 Nelson Ewora			Date Feb 05, 2025
Signature of Officer/Authorized Representative Nelson Ewora			

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
**FEB 05 2025
BY MS3H12**

FORM 631- Revised: 04/2023