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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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: 001673929	2. Exact name of the Corporation: USAL & 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: 0286

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
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 ~~Days~~ Mill Road			Street Address: 62 Langdon AV		
City: Acushnet	State: MA	Zip: 02743	City: Pawtucket	State: RI	Zip: 028
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 Evora	Date: Feb 05, 2025
Signature of Officer/Authorized Representative: Nelson E	

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 1:25
FEB 05 2025
BY MS3HR

FORM 631 - Revised: 01/2023