



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUSINESS DIV

2017 JAN 24 AM 11:25

Annual Report for the year: 2016
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000027610		2. Exact name of the Corporation KNIGHTS OF CORTE REAIS	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island DEDICATED TO CHARITY + CULTURE	
5. Principal Office Address 2 BORGES STREET		City BRISTOL	State RI
		Zip 02809	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOSEPH MONIZ		Vice-President Name JOSE FARIA	
Street Address 2 BORGES STREET		Street Address 10 FRANCINE STREET	
City BRISTOL	State RI	City BRISTOL	State RI
Zip 02809		Zip 02809	
Secretary Name ANTONIO AVILA		Treasurer Name ANTONIO A. TEIXEIRA	
Street Address 18 HIGHVIEW AVENUE		Street Address 21 COTTAGE STREET	
City BRISTOL	State RI	City BRISTOL	State RI
Zip 02809		Zip 02809	
7. 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 ANTHONY SOUSA		Director Name DANIEL AMARAL	
Street Address 556 META COM AVENUE		Street Address 182 ROBINSON STREET	
City BRISTOL	State RI	City EAST PROVIDENCE	State RI
Zip 02809		Zip 02914	
Director Name JOSEPH J. MARTINS		Director Name /	
Street Address ADDY DRIVE		Street Address /	
City BRISTOL	State RI	City /	State /
Zip 02809		Zip /	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative ANTONIO A. TEIXEIRA, TREASURER			Date
Signature of Officer/Authorized Representative <i>Antonio A. Teixeira, Treasurer</i>			

FILED ✓

JAN 24 2017

BY CM 2939SD FORM 631 - Revised: 05/2016

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MAIL TO:
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