



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2022

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R.I. DEPT. OF STATE
BUS SVCS DIV

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2022 JUN 15 A 9:41

1. Entity ID Number 1703043		2. Exact name of the Corporation CVPA CAREVERDEAN PARENTS ASSOCIATION	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Strengthen the lives of individuals by building bridges between parents/legal guardians and schools to assist individuals in any way possible either nationally or internationally	
4. NAICS Code 813110			
6. Principal Office Address 59 Madison St Pawtucket RI 02861			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Crisolita Figueiredo		Vice-President Name Carlos Figueiredo	
Street Address 59 Madison St		Street Address 59 Madison St	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Secretary Name Amilcar Spencer Dealeto		Treasurer Name Sonya Barbosa	
Street Address 40 Conner St Suite 10		Street Address 34 Baxter St	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
8. 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 Crisolita Figueiredo		Director Name Carlos Figueiredo	
Street Address 59 Madison St		Street Address 59 Madison St	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Director Name Sonya Barbosa		Director Name	
Street Address 34 Baxter St		Street Address	
City Pawtucket	State RI	City	State
Zip 02861		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Crisolita Figueiredo			Date 06/15/2022
Signature of Officer/Authorized Representative 			

FILED

BY 5 2022
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