



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2012 JUL 10 PM 12:35

1. Entity ID No. 164206		2. Exact name of the Corporation SANTA ANA DI MATO	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island CULTURE OF CAPEVEARDEN FESTIVALS	
5. Principal office address 10 BEECHER ST		City PAWTUCKET	State R.I.
		Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name HENRIQUE VIEIRA		Vice-President Name ANA GONCALVES	
Street Address 10 BEECHER ST		Street Address 14 LARCH ST	
City PAWT.	State R.I.	City PAWT.	State R.I.
Zip 02860		Zip 02860	
Secretary Name JOSE BURGO		Treasurer Name MARIA ANDRADE	
Street Address 12 LARCH ST		Street Address 37 EARL ST	
City PAWT	State R.I.	City CENTRAL FALLS	State R.I.
Zip 02860		Zip 02863	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name JOAO GIBAU		Director Name LUCAS DIAS	
Street Address 18 PRIVET ST		Street Address 10 BEECHER ST	
City PAWTUCKET	State R.I.	City PAWT.	State R.I.
Zip 02860		Zip 02860	
Director Name SANDRA DEPINA		Director Name	
Street Address 6A BEECHER ST		Street Address	
City PAWT.	State R.I.	City	State
Zip 02860		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	

FILED 1235

JUL 10 2012

BY 174531

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.

HENRIQUE A. VIEIRA

Signature of Officer

Date

Henrique A. Vieira 7-10-12

Print or Type Name of Officer

PRESIDENT

Title of Officer