



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

**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

**PRSEIDENT**

Title of Officer