



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.

1. Entity ID No. 858844		2. Exact name of the Corporation G.O.A.L.S. Get Organized And Live Soccer			
3. State of Incorporation R.I.		4. Corporate Address in RI - Street Address 35 Hawthorne Street		City North Providence	Zip 02904
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Organizes a soccer program for children in the city of Providence					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ORLANDO MONTEIRO			Vice-President Name Manuel Monteiro		
Street Address 35 Hawthorne			Street Address 35 PECKHAM ST		
City North Providence	State R.I.	Zip 02904	City N. Providence	State R.I.	Zip 02904
Secretary Name			Treasurer Name ETEVALDO MONTEIRO		
Street Address			Street Address 132 DUNNEL AVE		
City	State	Zip	City Pawtucket	State R.I.	Zip 02860
8. 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 ORLANDO MONTEIRO			Director Name Etevaldo Monteiro		
Street Address 35 Hawthorne Street			Street Address 132 Dunnel Ave		
City N. Providence	State R.I.	Zip 02904	City Pawtucket	State R.I.	Zip 02960
Director Name Manuel Monteiro			Director Name		
Street Address 35 Peckham Street			Street Address		
City N. Providence	State R.I.	Zip 02904	City	State	Zip
9. 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

JUN 13 2014

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.

FILED

Orlando Monteiro 6-13-14

Signature of Officer Date

ORLANDO MONTEIRO

Print or Type Name of Officer

BY 0226326 PRESIDENT/DIRECTOR

Title of Officer

2014 JUN 13 AM 10:56
 CORPORATION STATE
 DIVISION