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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 2015

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 2015 JUL 29 PM 12:55 SECRETARY OF STATE CORPORATIONS DIV.

1. Entity ID No.	2. Exact name of the Corporation
321832	Nucleo Sportinguista Da Nova Inglaterra
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Fraternal Association

5. Principal office address	City	State	Zip
20 Second Avenue	Cranston	RI	02910

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	President Name	Street Address	City	State	Zip
	Jose J. Fonseca	120 Orchard Street	Cranston	RI	02910
	Vice-President Name	Street Address	City	State	Zip
	~~Antonio S. Cabral~~ ADAIL FERREIRA	~~290 Greenwood Street~~ 50 GREENWOOD STR	Cranston	RI	02910
	Secretary Name	Street Address	City	State	Zip
	~~Nuno A. Medeiros~~ ARTUR clemente	~~5 Heritage Circle~~ 19 SOMERSET RD	~~Johnston~~ CRANSTON	RI	~~02919~~ 02910
	Treasurer Name	Street Address	City	State	Zip
	Antonio A. Dias	401 Doric Aveneue	Cranston	RI	02910

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

	Director Name	Street Address	City	State	Zip
	Jose R. Vasco	195 Magnolia Street	Cranston	RI	02910
	Director Name	Street Address	City	State	Zip
	~~Jose E. Nunes~~ VITORINO CABRITA	~~157 Dellwood Road~~ 21 BEACON STR	Cranston	RI	02910
	Director Name	Street Address	City	State	Zip
	Amadeu P. Mendes	62 Carmen Street	Cranston	RI	02910
	Director Name	Street Address	City	State	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, duly Authorized Representative, Receiver or Trustee

FILED

JUL 29 2015

File Date _____
Check No _____
By: _____
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BY VL 253745 D 26

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.

Jose Fonseca
Signature of Officer or Authorized Representative Date

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

123513-2-1030875