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 2016

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.**

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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	Vice-President Name
JOSA A LOURENCO	ANTONIO LOURENCO
Street Address: 6 Shepard AVE	Street Address: 305 SUMMER AVE
City: N. Providence; State: RI; Zip: 02904	City: WARWICK; State: RI; Zip: 02888
Secretary Name: JORGE FINO	Treasurer Name: ANTONIO A. DIAS
Street Address: 25 Barney St.	Street Address: 407 DORIC AVE
City: Rumford; State: RI; Zip: 02916	City: CRANSTON; State: RI; Zip: 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	Director Name
JOSE R VASCO	VITORINO CABRITA
Street Address: 195 MAGNOLIA ST	Street Address: 21 BEACON ST
City: CRANSTON; State: RI; Zip: 02910	City: CRANSTON; State: RI; Zip: 02910
Director Name: JORGE CABRAL	Director Name:
Street Address: 147 LAURENS ST	Street Address:
City: CRANSTON; State: RI; Zip: 02910	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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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JUL 26 2016
BY CM279899

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.

Signature of Officer or Authorized Representative — Date: 6-7-16

ANTONIO A DIAS
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014