


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 YEAR2016

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. 438106		2. Exact name of the Corporation Santo Antao United Cultural and Soccer Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Fund raising to support the Soccer team/training, and cultural drum playing group to maintain and preserve the culture of Cape Verde			
5. Principal office address 155 Vincent Avenue		City North Providence	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ademildo Lopes			Vice-President Name Antonio Pires		
Street Address 31 Plainfield Street			Street Address 58 Booth Avenue		
City Seekonk	State MA	Zip 02771	City Pawtucket	State RI	Zip 02861
Secretary Name Helder Medina			Treasurer Name Jorge Lopes		
Street Address 34 Paul Street			Street Address 155 Vincent Avenue		
City Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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 Alinho Lopes			Director Name Gil Monteiro		
Street Address 7 Borden Street			Street Address 466 Green Bush Road		
City Pawtucket	State RI	Zip 02861	City East Greenwich	State RI	Zip 02818
Director Name Martinho Dias			Director Name Lenine Lima		
Street Address 54 Linden Street			Street Address 40 Waldo Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02860
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**APR 20 2017**

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Ademildo Gomes Lopes
 Print or Type Name of Officer or Authorized Representative