



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## Annual Report for the year:

## Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 BUS SVCS DIV  
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1. Entity ID Number <b>000097907</b>		2. Exact name of the Corporation <b>Lira São Francisco Xavier 1 Band Santo Francisco Xavier</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>non-profit marching band</b>	
4. NAICS Code <b>711130</b>			
6. Principal Office Address <b>P.O. Box 14051</b>		City <b>East Providence</b>	State <b>RI</b> Zip <b>02914</b>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>Daniel Diogenes</b>		Vice-President Name <b>Eduarda Diogenes</b>	
Street Address <b>104 Randall Shea Drive</b>		Street Address <b>104 Randall Shea Drive</b>	
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b> State <b>MA</b> Zip <b>02777</b>
Secretary Name <b>Vanessa Dias</b>		Treasurer Name	
Street Address <b>30 Donnelly Street</b>		Street Address	
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City State Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <b>Domenic Dias</b>		Director Name <b>Milton Botelho</b>	
Street Address <b>30 Donnelly Street</b>		Street Address <b>1194 Bark Street</b>	
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Swansea</b> State <b>MA</b> Zip <b>02777</b>
Director Name <b>Albino Pinto</b>		Director Name	
Street Address <b>22 James Street</b>		Street Address	
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City State Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <b>Daniel Diogenes</b>		Date <b>6/23/2017</b>	
Signature of Officer/Authorized Representative <i>Daniel Diogenes</i>			

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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FORM 631 - Revised: 06/2017