



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

- 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 858846	2. Exact name of the Corporation G.O.A.L.S. GET ORGANIZED AND LIVE SOCCER
3. State of Incorporation R.I.	5. Brief description of the character of business conducted in Rhode Island ORGANIZES A SOCCER PROGRAM FOR CHILDREN IN PROVIDENCE.
4. NAICS Code 624110	

6. Principal Office Address 35 HAWTHORNE STREET	City NORTH PROVIDENCE	State R.I.	Zip 02904
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ORLANDO MONTEIRO		Vice-President Name MANUEL MONTEIRO	
Street Address 35 HAWTHORNE STREET		Street Address 30 FULLER STREET	
City NORTH PROVIDENCE	State R.I.	Zip 02904	City PAWTUCKET
Secretary Name		Treasurer Name ETEVALDO MONTEIRO	
Street Address		Street Address 132 DUNNEL AVE	
City	State	Zip	City PAWTUCKET
			State R.I.
			Zip 02960

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ORLANDO MONTEIRO		Director Name ETEVALDO MONTEIRO	
Street Address 35 HAWTHORNE STREET		Street Address 132 DUNNEL AVE	
City NORTH PROVIDENCE	State R.I.	Zip 02904	City PAWTUCKET
Director Name MANUEL MONTEIRO		Director Name	
Street Address 30 FULLER STREET		Street Address	
City PAWTUCKET	State R.I.	Zip 02861	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 ORLANDO MONTEIRO	Date 07-10-2017
Signature of Officer/Authorized Representative 	

FILED

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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