



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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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUL 25 AM 11:36

1. Entity ID Number 164206		2. Exact name of the Corporation SANTA ANA DI MATO			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE CAPEVERDEAN CULTURAL EVENTS THAT ARE ASSOCIATED WITH CAPEVERDEAN CUSTOMS AND TRADITIONS			
4. NAICS Code					
6. Principal Office Address 10 BEECHER ST		City PAWTUCKET	State R.I.	Zip 02860	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name HENRIQUE A. VIEIRA		Vice-President Name MARIA P. DOSANTOS			
Street Address 10 BEECHER ST		Street Address 18 PEACH AV.			
City PAWTUCKET	State R.I.	Zip 02860	City PROVIDENCE	State R.I.	Zip 02906
Secretary Name JOSE DIAS		Treasurer Name MARIA ANDRADE			
Street Address JOSE DIAS 8 BEECHER ST.		Street Address 149 EARL ST			
City PAWTUCKET	State R.I.	Zip 02860	City CENTRAL FALLS	State R.I.	Zip 02863
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 8 BEECHER ST		Director Name JOÃO GIBAU			
Street Address PAWTUCKET R.I 02860		Street Address 15 PRIVET ST			
City	State	Zip	City PAWTUCKET	State R.I.	Zip 02860
Director Name ANA GONCALVES		Director Name			
Street Address 14 LARCH ST		Street Address			
City PAWTUCKET	State R.I.	Zip 02860	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative HENRIQUE A. VIEIRA				Date 7-25-17	
Signature of Officer/Authorized Representative <i>Henrique A. Vieira</i>				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

JUL 25 2017

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