



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

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 SECRETARY OF STATE
 CORPORATION DIV

Annual Report for the year: 2019
 Non-Profit Corporation

2019 MAY 13 PM 1:10

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 797819		2. Exact name of the Corporation DINAMO MORABEZA SOCIAL CLUB			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813410		SOCCER CLUB			
6. Principal Office Address 15 HAZEL ST			City PAWTUCKET	State RI	Zip 02860
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOAO A ALVES			Vice-President Name JINGILBERTO FORTES		
Street Address 108 COLONIAL RD			Street Address 206 DUNNEL AV		
City PROVIDENCE	State RI	Zip 02906	City PAWTUCKET	State RI	Zip 02860
Secretary Name DANIEL F BARROS			Treasurer Name FERNANDO M. SOARES		
Street Address 80 LAKEGIDE ST			Street Address 38 MANTON ST		
City RIVERSIDE	State RI	Zip 02915	City PAWTUCKET	State RI	Zip 02861
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 JOSE C ALVES			Director Name CASIMIRO E LOPES		
Street Address 58 ROYAL ST			Street Address 15 GROSVENOR AL		
City PROVIDENCE	State RI	Zip 02906	City PAWTUCKET	State RI	Zip 02860
Director Name MANUEL GIBAU			Director Name JOSE A LOPES		
Street Address 30 FLANDERS ST			Street Address 306 MANDON AV		
City JOHNSON	State RI	Zip 02919	City PAWTUCKET	State RI	Zip 02861
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative FERNANDO M. SOARES					Date 5-13-19
Signature of Officer/Authorized Representative 					

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

FILED
 MAY 13 2019
 BY **4D4WC**