



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

Annual Report for the year:  
Non-Profit Corporation

2019

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

RECEIVED  
SECRETARY OF STATE  
CORPORATION DIV

2019 MAY 13 PM 1:10

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 BARNOS			Treasurer Name FERNANDO M. SOARES		
Street Address 80 LAKEIDE 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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.					
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 FERNANDO M. SOARES				Date 5-13-19	
Signature of Officer/Authorized Representative 					

FILED  
MAY 13 2019  
BY 4D4WC