



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

Annual Report for the year: 2019
 Non-Profit Corporation

FILED

JUL 03 2019 *02*

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- 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 86088		2. Exact name of the Corporation Banda Nova Alianca Sto. Antonio De Pawtucket INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The Youth, through learning, may develop and expand, the enjoyment of music and the promotion of Portuguese Culture and traditions	
4. NAICS Code 813990			
6. Principal Office Address 43 Humboldt Ave		City Pawtucket	State RI
		Zip 	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jose Ponceano		Vice-President Name Joao Duarte	
Street Address 156 Garden Street		Street Address 81 Centre Street	
City Pawtucket	State RI	Zip 02860	City Pawtucket
			State RI
			Zip 02860
Secretary Name Sandy Medeiros		Treasurer Name Gabriel Camara SR	
Street Address 97 Garfield Street		Street Address 40 Greene Street	
City N. Providence	State RI	Zip 02904	City Pawtucket
			State RI
			Zip 02860
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 Patricia Estrela		Director Name Peter Sousa	
Street Address 470 Willie Woodhead Rd		Street Address 98 Boardman Ave	
City Chepachet	State RI	Zip 02814	City Cumberland
			State RI
			Zip 02864
Director Name Manuel Martins		Director Name Joao Aguiar	
Street Address 22 Case Ave		Street Address 355 John Street	
City Seekonk	State MA	Zip 02771	City N. Providence
			State RI
			Zip 02904
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 Sandy M Medeiros			Date 6-29-19
Signature of Officer/Authorized Representative <i>Sandy M Medeiros</i>			SIGN DOCUMENT HERE

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