



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

Annual Report for the year: 2019  
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.

**FILED**

JUL 03 2019

52B

1. Entity ID Number <b>86088</b>		2. Exact name of the Corporation <b>Banda Nova Alianca St. Antonio De Pawtucket INC</b>		
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>The Youth, through learning, may develop and expand, the enjoyment of music and the promotion of Portuguese Culture and traditions</b>		
4. NAICS Code <b>813990</b>				
6. Principal Office Address <b>43 Humboldt Ave</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b></b>
7. List ALL officers (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>Jose Ponceano</b>		Vice-President Name <b>Joao Duarte</b>		
Street Address <b>156 Garden Street</b>		Street Address <b>81 Centre Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>
Secretary Name <b>Sandy Medeiros</b>		Treasurer Name <b>Gabriel Camara SR</b>		
Street Address <b>97 Garfield Street</b>		Street Address <b>40 Greene Street</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Pawtucket</b>	State <b>RI</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>Patricia Estrela</b>		Director Name <b>Peter Sousa</b>		
Street Address <b>470 Willie Woodhead Rd</b>		Street Address <b>98 Boardman Ave</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Cumberland</b>	State <b>RI</b>
Director Name <b>Manuel Martins</b>		Director Name <b>Joao Aguiar</b>		
Street Address <b>22 Case Ave</b>		Street Address <b>355 John Street</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>N. Providence</b>	State <b>RI</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.				
<b>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.</b>				
<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 <b>Sandy M Medeiros</b>			Date <b>6-29-19</b>	
Signature of Officer/Authorized Representative <i>Sandy M Medeiros</i>			SIGN DOCUMENT HERE	