



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
 BY 1251 OS

1. Entity ID Number 000097907		2. Exact name of the Corporation Lira São Francisco Xavier (Band Saint Francis Xavier)	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island non-profit marching band	
4. NAICS Code 711130			
6. Principal Office Address P.O. BOX 14051		City East Providence	State RI
		Zip 02914	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name Daniel Diogenes		Vice-President Name Eduarda Diogenes	
Street Address 104 Randall Shea Drive		Street Address 104 Randall Shea Drive	
City Swansea	State MA	Zip 02777	City Swansea
			State MA
			Zip 02777
Secretary Name		Treasurer Name Vanessa Dias	
Street Address		Street Address 30 Donnelly Street	
City	State	City East Providence	State RI
		Zip 02914	
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 Domenic Dias		Director Name Tiago Pereira	
Street Address 30 Donnelly Street		Street Address 104 Randall Shea Drive	
City East Providence	State RI	City Swansea	State MA
	Zip 02914		Zip 02777
Director Name Julia Ferreira		Director Name	
Street Address 111 Greenwood Ave		Street Address	
City Rumford	State RI	City	State
	Zip 02916		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.			
<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 Daniel Diogenes			Date 6/29/19
Signature of Officer/Authorized Representative <i>Daniel Diogenes</i>			SIGN DOCUMENT HERE

MAIL TO:
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 Website: www.sos.ri.gov