



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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1. Entity ID Number 164206		2. Exact name of the Corporation SANTIA ANA DIMATO	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE CAPE VEARDEAN CULTURAL EVENTS THAT ARE ASSOCIATED WITH CAPE VEARDEAN CUSTOMS AND TRADITIONS	
4. NAICS Code 813990			
6. Principal Office Address 10 BEECHER ST		City PAWTUCKET	State R.I.
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name HENRY VIEIRA		Vice-President Name MARIA P. DOSSANTOS	
Street Address 10 BEECHER ST		Street Address 18 PEACH AV.	
City PAWTUCKET	State R.I.	City PROVIDENCE	State R.I.
Zip 02860		Zip 02906	
Secretary Name JOSE DIAS		Treasurer Name	
Street Address 8 BEECHER ST		Street Address	
City PAWTUCKET	State R.I.	City	State
Zip 02860		Zip	
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 ANA GONCALVES		Director Name JOAO GIBAU	
Street Address 14 LARCH ST		Street Address 15 PRIVET ST	
City PAWTUCKET	State R.I.	City PAWTUCKET	State R.I.
Zip 02860		Zip 02860	
Director Name LUCAS DIAS		Director Name	
Street Address 8 BEECHER ST		Street Address	
City PAWTUCKET	State R.I.	City	State
Zip 02860		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.			
<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 HENRIQUE A. VIEIRA		Date 1-30-20	
Signature of Officer/Authorized Representative <i>Henrique A. Vieira</i>		FILED	
		JAN 31 2020	

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

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