



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB 15 A 11:18

1. Entity ID Number <u>000797819</u>		2. Exact name of the Corporation <u>DINAMO MORABEZA SOCIAL CLUB</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO promote the wellbeing of the community youth. TO promote high standards of life, success, education for kids age 8-18 involved in sports</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>38 MANTON STREET</u>		City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02861</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOAO A ALVES</u>		Vice-President Name <u>INGILBERTO FORTES</u>	
Street Address <u>108 COLONIAL RD</u>		Street Address <u>206 DUNNEL AVENUE</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02906</u>	Zip <u>02861</u>	Zip <u>02860</u>	
Secretary Name <u>DANIEL F BARROS</u>		Treasurer Name <u>FERNANDO M. SOARES</u>	
Street Address <u>80 LAKESIDE STREET</u>		Street Address <u>38 MANTON STREET</u>	
City <u>RIVERSIDE</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02915</u>	Zip <u>02861</u>	Zip <u>02861</u>	
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 <u>MANUEL GIBAU</u>		Director Name <u>CASIMIRO E LOPES</u>	
Street Address <u>30 FLANDERS STREET</u>		Street Address <u>15 GROSVENOR AVENUE</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02919</u>	Zip <u>02860</u>	Zip <u>02860</u>	
Director Name <u>JOSE C ALVES</u>		Director Name <u>JOSE A LOPES</u>	
Street Address <u>58 ROYAL STREET</u>		Street Address <u>306 MENDON AVENUE</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02906</u>	Zip <u>02861</u>	Zip <u>02861</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>FERNANDO M. SOARES</u>			Date <u>2-15-23</u>
Signature of Officer/Authorized Representative 			

FILED

FEB 15 2023

BY ML D7FT3

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov