



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- 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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2023 MAR 16 P 2:05

1. Entity ID Number 131760		2. Exact name of the Corporation SPERAKCA SOCIAL CLUB	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island WE ARE SPORT CLUB HOPE TO SOLICIT MEMBERS TO PLAY AND PRACTICE AND ORGANIZE SOCIAL YOUTH TO PARTICIPATE IN SPORT	
4. NAICS Code 024190			
6. Principal Office Address 36 MULBERRY ST		City PAWTUCKET	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOAQUIM B. CENTEIO		Vice-President Name JOSE GONCALVES	
Street Address 36 MULBERRY ST		Street Address 120 CARPENTER ST	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Secretary Name STACEY CENTEIO		Treasurer Name FRANCISCO FERNANDES	
Street Address 38 MULBERRY ST		Street Address 27 SOUTH BEND ST	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		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 JOSE RESENDES		Director Name JEROME CORREA	
Street Address 33 GOLF AVE		Street Address 47 MINERAL SPRING AVE	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Director Name JOHN GONCALVES		Director Name ANTONIO LOPES	
Street Address 250 MAIN ST		Street Address 261 WEEDEN ST	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
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.			
<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 JOAQUIM B. CENTEIO			Date 3/16/23
Signature of Officer/Authorized Representative <i>Joachim B Centeio</i>			

FILED

MAR 16 2023
BY ML CABON

MAIL TO:
Division of Business Services
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