

State of Rhode Island

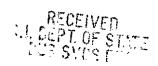
Department of State - Business Services Division

Annual Report for the year: **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.



2023 MAR 16 P 2: 05

	I				P 2: U5	
1. Entity ID Number	2. Exact name of the Corporation					
131760	SPERANCA SOCIAL CLUB					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
PHODE ISLAND	WE ARE SPORT CLUB HOPE to SOLICT					
4. NAICS Code	MEMBERS TO PLAY AND PRACTICE AND ORGONIZE					
624190	SOCIAL YOUTH TO PATECIPATE IN GPORT					
6. Principal Office Address	/		City	State	Zip	
36 MULBERRY ST			PAWTUCKET	RI	02860	
7. List ALL officers (names and add	Check the box to indicate an attachment					
President Name JOA OVIM B. CENTELO			Vice-President Name JOSE GONSALVES			
Street Address			Street Address			
36 MULBERRY			120 CARPENTER ST			
DAWTACKET	State Zi	ip 02860	PANTUCKET	State PL	Zip 02860	
Secretary Name	L		Treasurer Name		•	
STACEY CENTELO			FRANCISCO FERNANDES			
Street Address / 38 MULBELRY 5T		Street Address 27 SOUTH BEND ST				
City DAW LUCKET	State Zi	02860	City PAWTUCKET	State	Zip 02860	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.						
Check the box to indicate an attachment						
Director Name JOSE RESENDES			Director Name JERRGE CORREA			
Street Address 33 GOFF AVE			Street Address 47 MINERAL SPRING AVE			
City DAWTECKET	State R.T. Zi	100880	City DAWTMULET	State	Zip	
Director Name			Director Name			
Street Address			ANTONIO LOPES			
250 MATN 37			Street Address 261 WEEDEN ST			
City	State Zi	2860	PHUTUSE T	State Z	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.						
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				Date	Date	
Signature of Officer/Authorized Representative 3/16/23						
Douglum & Centuro FILED						

MAIL TO: / Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov