



**State of Rhode Island  
Department of State - Business Services Division**

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**Annual Report for the year: 2024**  
**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.

1. Entity ID Number <b>001747590</b>		2. Exact name of the Corporation <b>NUTCHA SOCCER SCHOOL</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>SOCCER TECHING AND TRAINING AND COMPETITION FOR KIDS FROM 5 TO 17 YEARS OLD</b>			
4. NAICS Code <b>011620</b>					
6. Principal Office Address <b>1011 IONSDALE AVE</b>			City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02860</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LEONOR Pires Carvalho</b>			Vice-President Name		
Street Address <b>155 Kerin Road</b>			Street Address		
City <b>Brockton</b>	State <b>MA</b>	Zip <b>02301</b>	City	State	Zip
Secretary Name <b>CARLA MONTEIRO</b>			Treasurer Name		
Street Address <b>7 Barnes St</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Carla Monteiro</b>			Director Name <b>Wilson Fernandes</b>		
Street Address <b>7 Barnes St.</b>			Street Address <b>1011 Ionsdale Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
Director Name <b>Robim Fernandes</b>			Director Name		
Street Address <b>7 Barnes St.</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>CARLA MONTEIRO</b>				Date <b>04/5/2024</b>	
Signature of Officer/Authorized Representative 					

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

**FILED**  
APR 5 2024  
BY WISVZ 3:04  
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