



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

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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.

1. Entity ID Number 001747590		2. Exact name of the Corporation NUTCHA SOCCER SCHOOL			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island SOCCER TECHING AND TRAINING AND COMPETITION FOR KIDS FROM 5 TO 17 YEARS OLD			
4. NAICS Code 611620					
6. Principal Office Address 1011 IONSDALE AVE			City CENTRAL FALLS	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILSON FERNANDES			Vice-President Name		
Street Address 1011 LONSDALE AVE			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name CARLA MONTEIRO			Treasurer Name		
Street Address 7 BARNES ST			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	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 ALIPIO CLARENCE FILHO			Director Name Wilson Fernandes		
Street Address 16 ELIZA ST			Street Address 1011 Lonsdale Avenue		
City PROVIDENCE	State RI	Zip 02902	City Central Falls	State RI	Zip 02863
Director Name JAILSON CARDOSO I			Director Name		
Street Address 13 COLUMBINE AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
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.					
<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 CARLA MONTEIRO					Date 04/5/2024
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

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BY WISVZ
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