



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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 <u>164206</u>		2. Exact name of the Corporation <u>SANTA ANA DI MATO</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO PROMOTE CAPE VEARDEAN CULTURAL EVENTS THAT ARE ASSOCIATED WITH CAPE VEARDEAN CUSTOMS AND TRADITIONS.</u>	
4. NAICS Code <u>813909</u>			
6. Principal Office Address <u>10 BEECHER ST</u>		City <u>PAWTUCKET</u>	State <u>R.I.</u> Zip <u>02860</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>HENRIQUE VIEIRA</u>		Vice-President Name <u>JACQUELINE METAYER</u>	
Street Address <u>10 BEECHER ST</u>		Street Address <u>5421 UNIVERSITA DRIVE</u>	
City <u>PAWTUCKET</u>	State <u>R.I.</u>	City <u>CORAL SPRING</u>	State <u>FLORIDA</u> Zip <u>33067</u>
Secretary Name <u>JOSE DIAS</u>		Treasurer Name <u>MARIA ANDRADE</u>	
Street Address <u>8 BEECHER ST</u>		Street Address <u>149 EARL ST</u>	
City <u>PAWTUCKET</u>	State <u>R.I.</u>	City <u>CENTRAL FALLS</u>	State <u>R.I.</u> Zip <u>02863</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>ANA GONCALVES</u>		Director Name <u>JOAO GIBALU</u>	
Street Address <u>14 LARCH ST</u>		Street Address <u>15 PRIVET ST</u>	
City <u>PAWTUCKET</u>	State <u>R.I.</u>	City <u>PAWTUCKET</u>	State <u>R.I.</u> Zip <u>02860</u>
Director Name <u>MARIA DOS SANTOS</u>		Director Name	
Street Address <u>18 PEACH AV.</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	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.			
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>HENRIQUE VIEIRA</u>			Date <u>4-12-24</u>
Signature of Officer/Authorized Representative <u>Henrique A. Vieira</u>			

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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