



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
14 SEP 10 PM 4:20:00

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 28177		2. Exact name of the Corporation CAPE VERDEAN SOCIAL CLUB, INC.			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island SOCIAL AND CHARITABLE			
4. NAICS Code 813319					
6. Principal Office Address 10 BURNSIDE AVE.		City NEWPORT		State R.I.	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD L. ANTONI			Vice-President Name RON ROSE		
Street Address 10 BURNSIDE AVE.			Street Address 19 CHAPEL STREET		
City NEWPORT	State R.I.	Zip 02840	City NEWPORT	State R.I.	Zip 02840
Secretary Name HENRY LOMBARDO			Treasurer Name ROBERT FIELDS		
Street Address 111 WASHINGTON ST APT B-12			Street Address 53 CHAPEL TERR. NEWPORT, R.I.		
City NEWPORT	State R.I.	Zip 02840	City NEWPORT	State R.I.	Zip 02840
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 WILLIAM GONSALVES			Director Name VICTOR LOMBARDO JR		
Street Address 9 WOLCOTT AVE			Street Address 62 W/MEMORIAL BLVD		
City MIDDLETOWN	State R.I.	Zip 02842	City NEWPORT	State R.I.	Zip 02840
Director Name KENNY JENKINS SR.			Director Name		
Street Address 395 VALLEY ROAD			Street Address		
City MIDDLETOWN	State R.I.	Zip 02840	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 ROBERT FIELDS					Date 9-4-2024
Signature of Officer/Authorized Representative Robert P. Fields					

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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FORM 631- Revised: 12/2023