



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

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OFFICE OF THE
SECRETARY OF STATE
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1. Entity ID Number <u>164206</u>		2. Exact name of the Corporation <u>SANTA ANA DI MATO</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO PROMOTE CAPE VEAREAN CULTURAL EVENTS THAT ARE ASSOCIATED WITH CAPE VEAREANS 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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>HENRIQUE VIEIRA</u>		Vice-President Name <u>JACQUELINE METAYER</u>	
Street Address <u>10 BEECHER ST</u>		Street Address <u>5421 UNIVERSETY DRIVE</u>	
City <u>PAWTUCKET</u>	State <u>R.I.</u>	City <u>CORAL SPRING</u>	State <u>FL</u>
Zip <u>02860</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 EARLE ST. R.I.</u>	
City <u>PAWTUCKET</u>	State <u>R.I.</u>	City <u>PAWTUCKET</u>	State <u>R.I.</u>
Zip <u>02860</u>		Zip <u>02860</u>	
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 <u>ANA GONCALVES</u>		Director Name <u>JOÃO GIBAU</u>	
Street Address <u>14 LARCH ST</u>		Street Address <u>15 LARCH ST</u>	
City <u>PAWTUCKET</u>	State <u>R.I.</u>	City <u>PAWTUCKET</u>	State <u>R.I.</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Director Name <u>MARIA DOS SANTOS</u>		Director Name	
Street Address <u>18 PEACH ST</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	City	State
Zip <u>02906</u>		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 A. Vieira</u>		Date <u>FEB 12 2025</u>	Date <u>2-12-25</u>
Signature of Officer/Authorized Representative <u>Henrique A. Vieira</u>		BY <u>NN308</u>	

MAIL-TO:
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