



State of Rhode Island
Department of State - Business Services Division

REC'D 8:00:58:850
 FEB 12 PM 2:47:25
 TAMP
 NO. 107
 DEPT. OF STATE
 USE ONLY

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.

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 VEARDEAN CULTURAL EVENTS THAT ARE ASSOCIATED WITH CAPE VEARDEANS 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.			
FILED			
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:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov