



State of Rhode Island
Department of State - Business Services Division

FILED

APR 03 2025

BY 29646514866


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 000321832		2. Exact name of the Corporation NUCLEO SPORTINGUISTA DA NOVA INGLATERRA			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Support with all Reasonable Efforts the Sporting Clube Portugal			
4. NAICS Code 813319-Other Social Adv					
6. Principal Office Address 20 SECOND AVENUE			City CRANSTON	State RI	Zip 02910
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jose A Fonseca			Vice-President Name Jose C Alves Sr		
Street Address 120 chard Street			Street Address 203 Heather Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Artur Clemente			Treasurer Name Antonio A Dias		
Street Address 19 Somerset Road			Street Address 407 Doric Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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 Jorge S Cabral			Director Name Jose R Vasco		
Street Address 147 Laurens Avenue			Street Address 195 Magnolia Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Jose C Marques			Director Name		
Street Address 57 Mallory Court			Street Address		
City Cranston	State RI	Zip 02910	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Antonio A Dias (Treasurer)				Date 04-03-2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov