



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 32035		2. Name of Corporation PORTUGUESE INDEPENDENT BAND CLUB, INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 588 WOOD STREET		City BRISTOL	Zip 02809
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO SUPPORT THE BAND WITH MUSIC, INSTRUMENTS, AND UNIFORM					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MANUEL IGNACIO			Vice President Name DENNIS RAPOSA		
Street Address 25 WALL STREET			Street Address 54 CANARIO DRIVE		
City BRISTOL	State RI	Zip 02809	City WARREN	State RI	Zip 02885
Secretary Name THOMAS ROSE			Treasurer Name ROGER LAVALLEE		
Street Address 21 WALNUT STREET			Street Address 345 LEDGE ROAD		
City RHODEBOTH	State MA	Zip 02769	City DAYVILLE	State CT	Zip 06241
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name LEONEL FERREIRA			Director Name LUIS MEDEIROS		
Street Address 204-A MARKET STREET			Street Address 527 RIVERSIDE AVENUE		
City WARREN	State RI	Zip 02885	City SOMERSET	State MA	Zip 02724
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name THOMAS ROSE			Address 588 WOOD STREET		
Address			City BRISTOL	Zip 02809	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED
Check No.	JUN 24 2008
By:	2933
FOR SECRETARY OF STATE USE ONLY	

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.

THOMAS ROSE 6-22-08
Signature of Officer Date
THOMAS ROSE
Print or Type Name of Officer
SECRETARY
Title of Officer