

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

148 W. River Street

Providence, RI 02904-2615
401 222 200

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. Corpopue ID No. 2. Name of Corporation Cultural Portugues de Warren					
3. State of Incorporation  Rhycle TS/AVI	4. Corporate address in 1	Rhode Island - Street Address STCCT	0	Warren	D2885
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Nagar Vasav J. Ferreira			Vice President Name Tacinto Teodoro		
Street Address Water	St		Street Address 132 CI	hild St	
Warren	State RI	D2885	Worren	State	02885
Secretary Name Mario Terra			LUIS Medeiros		
Street Address 132 Ch	'ld St		Clo 132	child St	
Warren	State RI	02885	Warren	PI State	D2885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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	Prissimo		Director Name TOSE	Silva	
Street Address	old ST		Street Address Clo 132	Childs	
Warren	State	02885	Warren	State RI	02885
Director Name John Perceica Director Name					
Street Address 132 Child Street			Street Address		
Warka 9. registered agent in	State  RL  RHODE ISLAND	02 f85	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
FILED	statements contained herein are true and correct.
DEC 11 2008  Check No	Vasco J. Ferreisa
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  President  Tule of Officer
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