

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

Providence, RI 02904-2615 401.222.3040

2069 NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 2. Name of Corporation				
30535 PORTUGUESE AMERI				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	City Zip			
R.T. 12 BRIDGE ST.	W.WARWICK 02993			
5. Foreign corporation. Enter principal office address	State RI 02893			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island & PEOPLE AND THEIR FRIENDS AND FORT OF PORTUGUES PEOPLE AND THEIR FRIENDS AND				
FAMILY				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHE	MENT) TILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Jeffrey KING	Vice President Name STEVE ANDREA			
Street Address 41 HOOVER ST.	Street Address 4 SPRING VALLEY RD			
City State R Ι	Cov State R T Zip 02816			
Secretary Name JASON KOSH Treasurer Name CWARLIE SORAGUE				
Street Address 37 VMIN ST,	Sirect Address E9 VICTORY HWY			
City State Zip CZ818	City State R.I. 7102817			
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) C	ORPORATION <u>SHALL NOT BE LESS THAN THREE</u> (3). R.I.G.L. 7-6-23			
Director Name	Director Name			
DAUC LAMOGNTAIN	MAT DEGNAN			
Street Address	Street Address			
KINNE ST.	5 FORDSON AUE			
City W.W. State R. I. Zip 02893	CRANSTON State R.I. 210 CRANSTON R.I. 02910			
Director Name JAMES DOWLING	Director Name John RiBeiro			
Street Address 248 PULASKL ST.	Street Address 76 PROLIDENCE ST.			
State State 2210 02816 9. REGISTERED AGENT IN RHODE ISLAND	City w. W. State R.I 02893			
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 report, including any accompanying sch
		statements contained herein are true and
File Date	- FILED	
Check No.	SEP 8 0 2009	Signature of Officer () CLARLES SPI
1_	327 3 0 2009	Print or Type Name of Officer
By:	or secretary of state and only	TREASURER
	OR SECRETARY OF STATE-OSE ONE!	Title of Officer

Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and statemen	
statements contained herein are true and correct.	9/29/3
Signature of Officer () CLARLES SPRIGUE	Date
Print or Type Name of Officer TRCASURER	
T:4 O	

Form 631 Rev. 09/17