



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 2009

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. 30338		2. Name of Corporation Trinity Brotherhood Club	
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address 196 Sutton Ave	
		City E.P.	Zip 02914
5. Foreign corporation. Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Membership Club			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Suse Calmeiro		Vice President Name Conny Fagundes	
Street Address 56 Bliss St		Street Address 110 Lansing Ave	
City E.P.	State RI	City Warrick	State RI
Zip 02914		Zip 02888	
Secretary Name Steve Costa		Treasurer Name Conny Fagundes	
Street Address 84 Woodward Ave		Street Address 110 Lansing Ave	
City E.P.	State RI	City Warrick	State RI
Zip 02914		Zip 02888	
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 Conny Fagundes		Director Name Conny Fagundes	
Street Address 4 Lindeell St		Street Address 4 Lindeell St	
City Warrick	State RI	City Warrick	State RI
Zip 02888		Zip 02888	
Director Name Richard Costa		Director Name	
Street Address 30 Fairfield Ave		Street Address	
City E.P.	State RI	City	State
Zip 02915		Zip	
9. REGISTERED AGENT IN RHODE ISLAND			
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

FILED

NOV 23 2009

By **[Signature]**

29-704402

File Date _____
Check No. _____
By: _____

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.

[Signature] **11-27-09**
Signature of Officer Date

Suse A Calmeiro
Print or Type Name of Officer

[Signature]
Title of Officer