RI SOS Filing Number: 201292892380 Date: 05/18/2012 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
30051	**Teofilo Braga Brotherhood, Literary, and Social Club**		
3. State of Incorporation	4. Corporate Address in RI - Street Address	City	Zip
Rhode Island	**26 Teofilo Braga Way**	**East Providence**	**02914**
5. Foreign corporation. Enter principal office address	City	State	Zip

6. Brief description of the character of business conducted in Rhode Island
Portuguese-American fraternal organization.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Armando Medeiros	**16 Forest Avenue**	**East Providence**	**RI**	**02915**
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
John Perry	**200 East Shore Circle #324**	**East Providence**	**RI**	**02914**
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Paul Marcos	**50 Indian Road**	**East Providence**	**RI**	**02915**
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Olimpio Medeiros	**16 Forest Avenue**	**East Providence**	**RI**	**02915**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Jose Cavaco	**50 Grove Avenue**	**East Providence**	**RI**	**02914**
Director Name	**Street Address**	**City**	**State**	**Zip**
John Soares	**510 Bullocks Point Avenue**	**East Providence**	**RI**	**02915**
Director Name	**Street Address**	**City**	**State**	**Zip**
James Regan	**32 Ruth Avenue**	**East Providence**	**RI**	**02916**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 18 2012
4798
BY

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.

Armando D Medeiros 05/15/2012
Signature of Officer Date

Armando Medeiros
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 01/2012

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