



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/business

2012

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 26463		2. Exact name of the Corporation HOLY GHOST BENEFICIARY BROTHERHOOD OF RHODE ISLAND			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide benefits and insurance to members of the organization.			
5. Principal office address 51 North Phillips Street		City East Providence	State RI	Zip 02914	
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENTS)					
President Name Orlando Machado			Vice-President Name Martinho Rego		
Street Address 35 Cotter Street			Street Address 720 Pine Street		
City East Providence	State RI	Zip 02914	City Seekonk	State MA	Zip 02771
Secretary Name Ivo Luis			Treasurer Name Joseph G. Silveira, Jr.		
Street Address 224 Quarry Street			Street Address 44 Mowry Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENTS)					
Director Name ANIBAL TEVES			Director Name MANUEL S SOUSA		
Street Address 348 SUTTON AVE			Street Address 1449 S. BROADWAY		
City EAST PROV.	State RI	Zip 02914	City EAST PROV.	State RI	Zip 02914
Director Name João F. SILVA			Director Name		
Street Address 158 BROWN ST			Street Address		
City EAST PROV.	State RI	Zip 02914	City	State	Zip
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

FILED

JUN 21 2012

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

By *mmc*
CH#1092

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 of Officer *Joseph G. Silveira Jr.* Date *6-12-12*
 Print or Type Name of Officer **Joseph G. Silveira Jr**

Treasurer
 Title of Officer