



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

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. 000029589		2. Exact name of the Corporation CLUB JUVENTUDE LUSITANA			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island SERVICES TO THE PORTUGESE COMMUNITY			
5. Principal office address 10 CHASE STREET		City CUMBERLAND	State RI	Zip 02864	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name HENRIQUE CRAVEIRO		Vice-President Name LUIS ALMEIDA			
Street Address 17 CULLEN HILL ROAD		Street Address 69 HOBSON AVENUE			
City LINCOLN	State RI	Zip 02865	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name VANESSA CRAVEIRO		Treasurer Name JOSE RIBEIRO			
Street Address 17 CULLEN HILL ROAD		Street Address 63 SWEET AVENUE			
City LINCOLN	State RI	Zip 02865	City PAWTUCKET	State RI	Zip 02861
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MANUEL BATALAU		Director Name JOAO MARTINS			
Street Address 130 MINERVA AVENUE		Street Address 9 OLNEY AVENUE			
City CUMBERLAND	State RI	Zip 02864	City LINCOLN	State RI	Zip 02865
Director Name DUARTE FARIAS		Director Name			
Street Address 60 VAUGHAN STREET		Street Address			
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
8. 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

2012 JUL -6 AM 9:40
 SECRETARY OF STATE
 CORPORATIONS DIV

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 06 2012

C-174329

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.

Antonio A. Simao 9/27/12
 Signature of Officer Date

ANTONIO A. SIMAO
 Print or Type Name of Officer

TREASURER
 Title of Officer