



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 **2013**

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. 154391		2. Exact name of the Corporation Cranston Portuguese Club Grupo Folclorico, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Cultural Folklore Dancing Group			
5. Principal office address 20 Second Avenue		City Cranston	State RI	Zip 02910	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Nataniel Rodrigues			Vice-President Name Jose C.P. Alves, Sr.		
Street Address 10 Wingate Court			Street Address 203 Heather Street		
City Warwick	State RI	Zip 02988	City Cranston	State RI	Zip 02912
Secretary Name Maria E. Rodrigues			Treasurer Name Antonio A. Dias		
Street Address 10 Wingate Court			Street Address 407 Doric Avenue		
City Warwick	State RI	Zip 02988	City Cranston	State RI	Zip 02910
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 Maria C. Silva			Director Name Jose Silva		
Street Address 55 Boxwood Avenue			Street Address 55 Boxwood Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Christina Lourenco			Director Name Maria L. Cabral		
Street Address 7 Barbette Drive			Street Address 147 Laurens Street		
City Lincoln	State RI	Zip 02865	City Cranston	State RI	Zip 02910
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

File Date _____

Check No _____

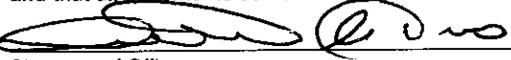
By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 14 2013

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.

 6/7/13
 Signature of Officer Date

ANTONIO A. DIAS
 Print or Type Name of Officer

TREASURER
 Title of Officer