



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. 30561		2. Exact name of the Corporation UNIAO PORTUGUESA BENEFICENTE, INC.			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island MUTUAL BENEFIT ASSOCIATION			
5. Principal office address 134 BENEFIT STREET		City PAWTUCKET		State R.I.	Zip 02861
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SORGE Pacheco		Vice-President Name 5020 gonzalves			
Street Address 45 Urban Ave		Street Address 505 Division St			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Hstaid TAVARES		Treasurer Name SORGE Mvila			
Street Address 35 Riley St		Street Address 11 Emmer St			
City Pawtucket	State RI	Zip 02861	City East Providence	State RI	Zip 02914
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 Amaral		Director Name Juvenalia Pacheco			
Street Address 161 Hunts Ave		Street Address 45 Urban Ave			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02860
Director Name Daniel Da Silva		Director Name Maria Silveira			
Street Address 60 Elm St		Street Address 100 Oakwood Ave			
City Seekonk	State MA	Zip 02771	City Bumderland	State RI	Zip 02864
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 21 2013

By: MNC
CH # 3240

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.

Hstaid TAVARES 06/19/2013
Signature of Officer Date

SECRETARY
Print or Type Name of Officer

Hstaid TAVARES
Title of Officer



União Portuguesa Beneficente, Inc.

134 Benefit St., Pawtucket, RI 02861

(401) 723-3433

Fundada em Outubro de 1925.....Incorporada a 23 de Abril de 1926

- 1) Egidio Silveira
100 Lakewood Ave
Cumberland RI 02864
- 2) Helena Pereira
15 Meeting St 2nd back
Cumberland RI 02864
- 3) Fatima Da Silva
229 Norfolk Ave
Pawtucket RI 02861
- 4) Helena Soares
28 Carpenter St
Pawtucket RI 02860

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JUN 21 2013

By MNC
ID # 30561