



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. 30470		2. Exact name of the Corporation Portuguese American Citizens Club of West Warwick			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Bar			
5. Principal office address 97 E. Main St. West Warwick		City W. Warwick	State R.I.	Zip 02893	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James Lubao			Vice-President Name Joe Pacheco		
Street Address 37 Cowesett Ave			Street Address 5 Pike St.		
City W. Warwick	State R.I.	Zip 02893	City W. Warwick	State R.I.	Zip 02893
Secretary Name Marc Cabral			Treasurer Name David Aguiar		
Street Address 125 Third St.			Street Address 87 Providence St.		
City W. Warwick	State R.I.	Zip 02893	City W. Warwick	State R.I.	Zip 02893
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATION MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joe Sebastiao			Director Name Ricardo Aguiar		
Street Address 25 Central St.			Street Address 87 Providence St.		
City W. Warwick	State R.I.	Zip 02893	City W. Warwick	State R.I.	Zip 02893
Director Name Chris Sousa			Director Name Kyle Carreiro		
Street Address 33 Church St.			Street Address 170 Brookside Ave		
City W. Warwick	State RI	Zip 02893	City W. Warwick	State R.I.	Zip 02893
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

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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.

Daugui 6-28-13
 Signature of Officer Date

David Aguiar
 Print or Type Name of Officer

Treasurer
 Title of Officer