



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. 29639		2. Exact name of the Corporation CLUBE SOCIAL PORTUGUES, INC.			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island FRATERNAL ASSOCIATION			
5. Principal office address 131 SCHOOL STREET			City PAWTUCKET	State R.I.	Zip 02861
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RUI SPRANGER			Vice-President Name RUI AZEVEDO		
Street Address 92 INDIA ST.			Street Address 11 SALISBURY ST.		
City PAWTUCKET	State RI	Zip 02860	City Rehoboth	State MA	Zip 02769
Secretary Name DUARTE M. FARIAS			Treasurer Name LUCIA MONTEIRO		
Street Address 60 VAUGHAN ST.			Street Address 467 FARMINGTON AVE.		
City PROVIDENCE	State RI	Zip 02904	City CRANSTON	State RI	Zip 02920
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RUI SPRANGER			Director Name RUI AZEVEDO		
Street Address 92 INDIA ST.			Street Address 11 SALISBURY ST.		
City PAWTUCKET	State RI	Zip 02860	City REHOBOTH	State MA	Zip 02769
Director Name MANUEL MARTINS			Director Name MANUEL CIGARRILHA		
Street Address 22 CASE AVE.			Street Address 6 St. Anna Ave.		
City SEEKONK	State MA	Zip 02771	City BRISTOL	State RI	Zip 02809
8. REGISTERED AGENT IN RHODE ISLAND PAUL G. BETTENCOURT 401-431-6411					
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

File Date **NOV 22 2013**

Check No **49-211512**

By: **A.A.**

FOR SECRETARY OF STATE USE ONLY

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 **[Signature]** Date **11/18/2013**

Print or Type Name of Officer **DUARTE M. FARIAS**

Title of Officer **GENERAL SECRETARY**

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 OFFICE OF THE SECRETARY OF STATE
 CORPORATIONS DIV