

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _204

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: *__U.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Fatity In No 2. Exact name of the Corporation lube Recreativo e Cultural Portugués de Warren (Portuguese Recreative and cultural club of Warren) 4. Brief description of the character of business conducted in Rhode Island 3. State or incorporation Social and cultural club Khode Island Principal office address 02885 Warren 132 Child 6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Vice-President Name ose Verissimo Jose M. ternandes Street Address Street Address Johnson Corte Real Bristol 02885 02809 Treasurer Name Fatima Mario Nunes Street Address Canoncher 72 Canario City See KonK State 4 Warren 0277 02885 7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Manny TeixeiRA Anabel Cunha Street Address Street Address Blivem Aue 161 Vernon Warren 02809 02885 Director Name Director Name Antonio verissimo ierra Street Address Street Address Conant 51 Corte Real State 02724 rall 02809 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, duly Authorized Representative, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined FILED this report, including any accompanying schedules and statements, File Date and that all statements contained herein are true and correct. Check No JUN 0 6 2014 re of Officer or Authorized Representative FOR SECRETARY OF STATE USE ONL

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014