



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 30508		2. Exact name of the Corporation Portuguese-American Federation, Inc.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Promote the Portuguese culture through education, projects, and Charitable events	
5. Principal office address PO Box 3824		City Newport	State RI
		Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Chris Boyle		Vice-President Name Melan Mathieu	
Street Address P.O. Box 1386		Street Address 25 Old Becob Road	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Secretary Name Linda Michaud		Treasurer Name Charles Laranj	
Street Address 24 Baldwin Rd		Street Address 12 County St	
City Milltown	State RI	City Newport	State RI
Zip 02842		Zip 02840	
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 Raymond Cordeiro		Director Name Dr Mercedes Coulombe	
Street Address 73 Franklin St.		Street Address 511 Ocean Ave	
City Bristol	State RI	City Newport	State RI
Zip 02809		Zip 02840	
Director Name Antonio Teixeira		Director Name Robert Coulombe	
Street Address 21 Cottage St.		Street Address 511 Ocean Ave	
City Bristol	State RI	City Newport	State RI
Zip 02809		Zip 02840	

2014 MAY 27 AM 11:27
 2014 JUN 20 AM 10:25
 CORPORATION DIVISION
 STATE OF RHODE ISLAND

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

FILED

JUN 20 2014

File Date _____
 Check No _____
 By: _____
 BY 0226781
 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.

Charles Laranj June 19 2014
 Signature of Officer or Authorized Representative Date

Charles J. Laranjic Treasurer
 Print or Type Name of Officer or Authorized Representative