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.	2. Exact name of the Corporation
30508	Portuguese-American Federation, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Promote the Portuguese Culture through education, projects, and Charitable events

5. Principal office address	City	State	Zip
PO Box 3824	Newport	RI	02840

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Chris Boyle	Helen Mathieu
Street Address: P.O. Box 1386	Street Address: 25 Old Beech Road
City: Newport State: R.I. Zip: 02840	City: Newport State: RI Zip: 02840
Secretary Name: Linda Michaud	Treasurer Name: Charles Larangeira
Street Address: 24 Baldwin Rd	Street Address: 12 County St
City: Middletown State: R.I. Zip: 02842	City: Newport State: RI Zip: 02840

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Raymond Cordeiro	Dr Mercedes Coulombe
Street Address: 73 Franklin St.	Street Address: 511 Ocean Ave
City: Bristol State: R.I. Zip: 02809	City: Newport State: RI Zip: 02840
Director Name: Antonio Teixeira	Director Name: Robert Coulombe
Street Address: 21 College St.	Street Address: 511 Ocean Ave
City: Bristol State: R.I. Zip: 02809	City: Newport State: RI Zip: 02840

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

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2014 JUN 20 AM 10:25 RECEIVED STATE CORPORATIONS DIV

FILED
JUN 20 2014
BY 226781

File Date
Check No
By:
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 Larangeira June 19 2014
Signature of Officer or Authorized Representative Date

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

Form No. 631
Revised: 04/2014