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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
797213	The Portuguese Learning Center of East Providence
3. State of Incorporation: DOMESTIC NON-PROFIT CORPORATION	4. Brief description of the character of business conducted in Rhode Island: TO TEACH the PORTUGUESE LANGUAGE AND CULTURE, ENRICH THE PORTUGUESE COMMUNITY WITH THE DIVERSITIES OF THE PORTUGUESE CULTURE.

5. Principal office address	City	State	Zip
160 ORCHARD STREET	EAST PROVIDENCE	RI	02914

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

President Name	Street Address	City	State	Zip
JEFFREY PEREIRA	33 CUSTER STREET	EAST PROVIDENCE	RI	02914

Vice-President Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Secretary Name	Street Address	City	State	Zip
MICHELLE CASTELA	100 RAYMOND AVE - 2nd floor	PAWTUCKET	RI	02860

Treasurer Name	Street Address	City	State	Zip
ELIZABETH DASILVA	22 CEDAR HILL TERRACE	SEEKONK	MA	02771

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

Director Name	Street Address	City	State	Zip
MATILDE RELVAS	41 NEWTON STREET	PAWTUCKET	RI	02860

Director Name	Street Address	City	State	Zip
ELIZABETH DASILVA	22 CEDAR HILL TERRACE	SEEKONK	MA	02771

Director Name	Street Address	City	State	Zip
JEFFREY PEREIRA	33 CUSTER STREET	EAST PROVIDENCE	RI	02914

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

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

11:24 AM

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SECRETARY OF STATE
CORPORATIONS DIV
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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.

Elizabeth S. DaSilva 11/22/2014
Signature of Officer or Authorized Representative — Date

ELIZABETH S. DASILVA-TREASURER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
114207-1-962365