



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 **2015**

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. 63425		2. Exact name of the Corporation PORTUGUESE AMERICAN WOMEN'S ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address 197 TAUNTON AVENUE, SUITE 203		City EAST PROVIDENCE	State RI	Zip 02914	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Susan A. Pacheco		Vice-President Name Ines Bates			
Street Address 15 Barn Drive		Street Address 185 Read Street			
City Cumberland	State RI	Zip 02864	City Somerset	State MA	Zip 02726
Secretary Name Kristine Rodrigues		Treasurer Name Mary Costa			
Street Address 691 Gardners Neck Road		Street Address 407 Reed Street			
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
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 Susan A. Pacheco		Director Name Ines Bates			
Street Address 15 Barn Drive		Street Address 185 Read Street			
City Cumberland	State RI	Zip 02864	City Somerset	State MA	Zip 02726
Director Name Kristine Rodrigues		Director Name Mary Costa			
Street Address 691 Gardners Neck Road		Street Address 407 Reed Street			
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
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
MAY 04 2015

File Date _____

Check No _____

By: _____ **BY** 1008

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 or Authorized Representative *Susan A. Pacheco* Date *5/1/15*

SUSAN A. PACHECO, PRESIDENT

Print or Type Name of Officer or Authorized Representative