



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. 30615		2. Exact name of the Corporation Portuguese Sporting Club			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-profit membership club serving members and guests.			
5. Principal office address 92 Gano Street			City Providence	State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John D. Martins			Vice-President Name Carlos Jorge		
Street Address 127 Cadorna Street			Street Address 83 Summitt Street		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
Secretary Name Nancy M. Carinha			Treasurer Name Maria Rezendes		
Street Address 67 Merrill Street			Street Address East Transit Street		
City E. Providence	State RI	Zip 02914	City Providence	State RI	Zip 02906
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 Jose E. Garcia			Director Name Manuel Martins		
Street Address 84 Grassmere Avenue			Street Address 1089 Plainfield Street		
City E. Providence	State RI	Zip 02914	City Johnston	State RI	Zip 02919
Director Name Jose Cardoso			Director Name Jose Rego		
Street Address 285 Williams Street			Street Address 325 Daggett Avenue		
City Providence	State RI	Zip 02906	City Pawtucket	State RI	Zip 02861
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

File Date _____

FILED

Check No _____

MAY 13 2015

By: _____

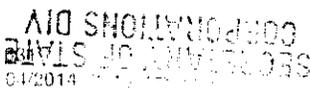
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FOR SECRETARY OF STATE USE ONLY

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.

Nancy M. Carinha 5/4/2015
 Signature of Officer or Authorized Representative Date

Nancy M. Carinha
 Print or Type Name of Officer or Authorized Representative



A.A