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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 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.	2. Exact name of the Corporation
98076	THE PORTUGUESE AMERICAN POLICE ASSOCIATION OF RHODE ISLAND, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	TO ENGAGE IN CIVIC, EDUCATIONAL, INTELLECTUAL AND SOCIAL ENDEAVORS

5. Principal office address	City	State	Zip
194 Summit Street	East Providence	RI	02914

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

President Name	Vice-President Name
NORMAN J. MIRANDA, JR.	MONTY MONTEIRO
Street Address: 141 Plain Street	Street Address: 24 Holbrook Avenue
City: Rehoboth, State: MA, Zip: 02769	City: East Providence, State: RI, Zip: 02914
Secretary Name	**Treasurer Name**
JACOB MIRANDA	MATTHEW BRAGA
Street Address: 141 Plain Street	Street Address: 194 Summit Street
City: Rehoboth, State: MA, Zip: 02769	City: East Providence, State: RI, Zip: 02914

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
NORMAN J. MIRANDA, JR.	JOE TIVIERA
Street Address: 141 Plain Street	Street Address: 55 Carovilli Street
City: Rehoboth, State: MA, Zip: 02769	City: North Providence, State: RI, Zip: 02904
Director Name	**Director Name**
MATTHEW BRAGA	ROBERTO DaSILVA
Street Address: 194 Summit Street	Street Address: 50 Rice Avenue
City: East Providence, State: RI, Zip: 02914	City: East Providence, State: RI, Zip: 02914

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
By: MAY 18 2015

FOR SECRETARY OF STATE USE ONLY
BY 1020

Form No. 631
Revised: 04/2014

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 — Date 5/12/15

MATTHEW BRAGA, TREASURER
Print or Type Name of Officer or Authorized Representative

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