



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000029639

**2. Name of Corporation** CLUBE SOCIAL PORTUGUES, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 131 SCHOOL STREET

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

A SOCIAL ORGANIZATION FOR THE ADVANCEMENT OF THE PORTUGUESE HERTIAGE LANGUAGE AND CUSTOMS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RUI SPRANGER	92 INDIA STREET PAWTUCKET, RI 02860 USA
TREASURER	JOSE BORGES	205 SHERMAN AVE SEEKONK, MA 02771 USA

SECRETARY	DUARTE M FARIAS	60 VAUGHAN ST PROVIDENCE, RI 02904 USA
VICE PRESIDENT	MANUEL ALVES	321 COLUMBUS AVE PAWTUCKET, RI 02860 USA
DIRECTOR	MANUEL MARTINS	22 CASE AVE SEEKONK, MA 02771 USA
DIRECTOR	MANUEL CIGARRILHA	6 ST ANNA AVE BRISTOL, RI 02809 USA
DIRECTOR	RUI AZEVEDO	11 SALISBURY ST REHOBOTH, MA 02769 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PAUL G. BETTENCOURT, ESQ. 197 WARREN AVENUE, SUITE 201 EAST PROVIDENCE , RI 02914

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 29 Day of June, 2015 at 1:56:39 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By DUARTE M FARIAS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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