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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.**

RECEIVED
2015 JUL 29 PM 12:
SECRETARY OF STATE
CORPORATIONS DIV.

1. Entity ID No.	2. Exact name of the Corporation
30561	Uniao Portuguesa Beneficente, Inc.
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Mutual Benefit Association

5. Principal office address	City	State	Zip
134 Benefit Street	Pawtucket	RI	02861

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

President Name	Street Address	City	State	Zip
Agostinho CABRAL	46 Rhode Island Ave	Pawtucket	RI	02860

Vice-President Name	Street Address	City	State	Zip
Joao Goncalves	505 Division St	Pawtucket	RI	02860

Secretary Name	Street Address	City	State	Zip
Astrid TAVARES	35 Riley St	Pawtucket	RI	02861

Treasurer Name	Street Address	City	State	Zip
Jennifer CABRAL	46 Rhode Island Ave	Pawtucket	RI	02860

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
MANUEL AMARAL	161 Hunts Ave	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip
MANUEL COSTA	92 Central Ave ~~Pawtucket~~	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip
FATIMA CASILVA	229 Norfolk Ave	Pawtucket	RI	02861

Director Name	Street Address	City	State	Zip
ALBERTO PEREIRA	9 SLATER PARK	Pawtucket	RI	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

FILED
JUL 29 2015
BY KL253746
D.36

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.

Astrid Tavares 06/15/15
Signature of Officer or Authorized Representative Date

Astrid TAVARES
Print or Type Name of Officer or Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 04/2014

123513-1-1030876

Additional Directors:

Victoria Cabral
46 Rhode Island Avenue
Pawtucket, RI 02860

Daniel Da Silva
60 Elm Street
Seekonk, MA 02771