



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: 2016

1. Corporate ID No. 000030523

2. Name of Corporation Portugues American Social Club of Providence

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 32 SHELDON STREET

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 820 WARWICK AVENUE

City or Town: WARWICK State: RI Zip: 02888 Country:

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

TO COOPERATE WITH ALL PORTUGUESE AMERICANS FOR THE ADVANCEMENT AND WELFARE OF MEMBERS AND COMMUNITY.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	BRIAN M VERRIA	820 WARWICK AVENUE WARWICK, RI 02888 USA
DIRECTOR	JAMES BRASIL	174 IMPERIAL DRIVE WARWICK, RI 02886 USA

DIRECTOR	CARLOS A CARLOS	PO BOX 10446 CRANSTON, RI 02910 USA
DIRECTOR	DAVID VARGAS	43 TINGLEY DRIVE CUMBERLAND, RI 02864 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**

DANIEL A. VARGAS 32 SHELDON STREET PROVIDENCE , RI 02906

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

Signed this 26 Day of May, 2016 at 2:23:59 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 BRIAN M. VERRIA
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved