



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000032075		PORTSMOUTH PORTUGUESE AMERICAN CITIZENS CLUB			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
R.I.		SOCIAL CLUB			
5. Principal Office Address		City	State	Zip	
35 POWER ST.		PORTSMOUTH	RI	02871	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name		Vice-President Name			
LEONARDO P. SILVA		KEVIN SILVA			
Street Address		Street Address			
25 BASIN ST		2821 EAST MAIN RD.			
City	State	Zip	City	State	Zip
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871
Secretary Name		Treasurer Name			
GLENN MATIAS		LEONARDO P. SILVA			
Street Address		Street Address			
390 MIDPLAZ RD.		25 BASIN ST.			
City	State	Zip	City	State	Zip
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		Director Name			
STEVE PAPPAS		DAVID COMFORT			
Street Address		Street Address			
31 COVE ST.		2356 EAST MAIN RD.			
City	State	Zip	City	State	Zip
PORTSMOUTH	RI	02871	PORTSMOUTH	RI	02871
Director Name		Director Name			
JAMES SURBER					
Street Address		Street Address			
35 EAST TERRACE					
City	State	Zip	City	State	Zip
PORTSMOUTH	RI	02871			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
LEONARDO P. SILVA				6-1-16	
Signature of Officer/Authorized Representative					

**FILED**  
JUN 06 2016  
BY 2736 DS