



**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 CLUBS			
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)					Check the box to indicate an attachment <input type="checkbox"/>
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 MIDPLZ 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.					Check the box to indicate an attachment <input type="checkbox"/>
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