RI SOS Filing Number: 201600636790 Date: 06/13/2016 4:00 PM

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
30600	PORTUGUESE HOLY GHOST SOCIETY
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
R.I.	MEMBERS CLUB

5. Principal Office Address	City	State	Zip
11 VENTURA ST	WEST WARWICK	RI	02893

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Domingos Cruz			Vice-President Name: Richard Dias		
Street Address: 10 Woodside APT			Street Address: 29 Harmony ST		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893
Secretary Name: Jennifer Reposa			Treasurer Name: PAUL GARCIA		
Street Address: 35 Cleveland St.			Street Address: 19 1/2 Phenix AV		
City: West Warwick	State: RI	Zip: 02893	City: W. WARWICK	State: RI	Zip: 02893

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: HUGO BONNEVIDES			Director Name: Miguel Sousa		
Street Address: 57 SUMMIT AVE			Street Address: 67 W.W.		
City: WEST WARWICK	State: R.I	Zip: 02893	City: W WARER	State: R.I	Zip: 02893
Director Name: Nuno Medeiros			Director Name:		
Street Address: 57 Cleveland ST			Street Address:		
City: West WARWICK	State: RI	Zip: 02893	City:	State:	Zip:

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
PAUL GARCIA	6/10/16
Signature of Officer/Authorized Representative: Paul Garcia — SIGN DOCUMENT HERE	6/10/16

Form No. 631
Revised: 2016

FILED
JUN 13 2016
BY 5193

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