



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		Vice-President Name			
Domingos Chak		Richard Deus			
Street Address		Street Address			
105 Woodside Apt		29 Harmony ST			
City	State	Zip	City	State	Zip
West Warwick	RI	02893	West Warwick	RI	02893
Secretary Name		Treasurer Name			
Jennifer Repora		PAUL GARCIA			
Street Address		Street Address			
35 Cleveland St.		1912 Phoenix AV			
City	State	Zip	City	State	Zip
West Warwick	RI	02893	W. WARWICK	RI	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		Director Name			
HUGO BENEVIDES		Miguel Saiz			
Street Address		Street Address			
57 Summit Ave		67 W.W			
City	State	Zip	City	State	Zip
West Warwick	R.I	02893	W.WARER	R.I	02893
Director Name		Director Name			
Nuno Medeiros					
Street Address		Street Address			
57 Cleveland St					
City	State	Zip	City	State	Zip
West Warwick	RI	02893			
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				Date	
Paul Garcia				6/10/16	

FILED

JUN 13 2016

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BY