



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

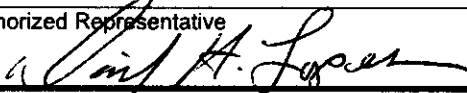
Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 32037		2. Exact name of the Corporation Prince Henry Club of Rhode Island	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To Promote Civic, Cultural, Economic and Social Betterment.	
5. Principal Office Address P.O. Box 14293		City East Providence	State RI
		Zip 02914	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Edmond Antaya		Vice-President Name Joseph G. Silveira Jr.	
Street Address 258 Pitman Street		Street Address 44 Mowry Street	
City Fall River	State MA	City East Providence	State RI
Zip 02723		Zip 02914	
Secretary Name Benjamin Calouro		Treasurer Name David H. Lopes	
Street Address 141 Hatton Street		Street Address 31 Mayflower Drive	
City East Providence	State RI	City Cranston	State RI
Zip 02914		Zip 02905	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Anthony Sears Jr.		Director Name Raymond Coelho	
Street Address 74 Back Street		Street Address 70 Empire Drive	
City Seekonk	State MA	City East Providence	State RI
Zip 02771		Zip 02914	
Director Name Oscar Nunes		Director Name Francisco Fagundes	
Street Address 24 Braiarwood Drive		Street Address 288 Baker Street	
City Comberland	State RI	City East Providence	State RI
Zip 02864		Zip 02914	
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 David H. Lopes 31 Mayflower Driver Cranston, RI 02905			Date 6/13/2016
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUN 15 2016

BY

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FORM 631 - Revised: 05/2016