RI SOS Filing Number: 201600718450 Date: 06/15/2016 4:00 PM

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	2. Exact name of the Corporation
32037	**Prince Henry Club of Rhode Island**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To Promote Civic, Cultural, Economic and Social Betterment.**

5. Principal Office Address	City	State	Zip
P.O. Box 14293	**East Providence**	**RI**	**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**	Zip **02723**	City **East Providence**	State **RI**	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**	Zip **02914**	City **Cranston**	State **RI**	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**	Zip **02771**	City **East Providence**	State **RI**	Zip **02914**
Director Name **Oscar Nunes**			Director Name **Francisco Fagundes**		
Street Address **24 Braiarwood Drive**			Street Address **288 Baker Street**		
City **Comberland**	State **RI**	Zip **02864**	City **East Providence**	State **RI**	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	Date
David H. Lopes 31 Mayflower Driver Cranston, RI 02905	**6/13/2016**

Signature of Officer/Authorized Representative: David H. Lopes

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
138163-2-1127469

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BY 285

FORM 631 - Revised: 05/2016