



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
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Non-Profit Corporation Annual Report for the year: 2015/2014

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 <u>30535</u>		2. Exact name of the Corporation <u>Portuguese American Sports Club</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Portuguese Social Club that also hosts outside functions.</u>	
5. Principal Office Address <u>12 Bridge Street</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Alexander King</u>		Vice-President Name <u>Angei Santos</u>	
Street Address <u>100 Elena Street</u>		Street Address <u>30 Potter Ave Apt. 2</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02893</u>	
Secretary Name <u>Mary Bibeiro</u>		Treasurer Name <u>Johnny Bibeiro</u>	
Street Address <u>59 Governors HL</u>		Street Address <u>17 Island Street</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02888</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Michael Moretti</u>		Director Name <u>Ted Dion</u>	
Street Address <u>58 Youngs Ave</u>		Street Address <u>414 Bead School House Rd</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02816</u>	
Director Name <u>Matthew Parente</u>		Director Name <u>Jon Parente</u>	
Street Address <u>10 Carolyn Drive</u>		Street Address <u>10 Carolyn Drive</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
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 <u>Mary Bibeiro/Secretary</u>			Date <u>5/4/14</u>
Signature of Officer/Authorized Representative <u>Mary Bibeiro</u> SIGN DOCUMENT HERE			

JUN 20 2016
BY 4293 DS