

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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1. Entity ID No.	2. Exact nam	2. Exact name of the Corporation					
154391		Cranston Portuguese Club Grupo Folclorico, Inc.					
3. State of Incorporation	4. Brief descr	iption of the character	of business conducted in Rhode Isl	land			
Ri		Cultural Folklore Dancing Group					
			sanonig Group				
5. Principal office address			City Cranston	State	Zip		
	20 Second Avenue			RI	02910		
6. IST ALL OFFICERS (NA. President Name	MES AND ADDRE	SSES) ("X" BOX FO					
Antonio Trindade			Vice-President Name				
Street Address			Vitorino Cabrita Street Address				
: - -	27 Gordon Street		21 Beacon Street				
City	State	Zip	City	State	Zip		
Cranston	RI	02910	Cranston	RI	02910		
Secretary Name			Treasurer Name				
Antonio A	\. Dias		Joseph DeMenezes				
Street Address			Street Address				
City	407 Doric Avenue			225 Pierce Avenue			
Cranston	State RI	Zip 02910	City Warwick	State	Zip		
		_	AND CORPORATIONS MUST LIS	RI	02888		
("X" BOX FOR ATTACHME	NT)	Lague), Anque Isc	AND CURPORATIONS MUST LIS	A NU LESS THAN	THREE (3) DIRECTORS		
Director Name			Director Name				
Maria C. Silva			Maria L. Cabrai				
Street Address			Street Address				
55 Boxwood Avenue		T=.	147 Laurens Street				
City Cranston	State RI	Zip 02910	City	State	Zip		
Director Name	11/1	02910	Cranston Director Name	RI	02910		
luno Nunes		Antonio Galvao					
Street Address			Street Address				
Brayton Street			149 Mercer Street				
City	State	Zip	City	State	Zip		
ohnston	RI	02919	East Providence	RI	02914		
. REGISTERED AGENT IN RI							
his information is currently	of record in the C	office of the Secretar	y of State. Changes require filing	Form 641.			
nis report must be signed by ei	ther the President	, Vice-President, Secr	etary, Assistant Secretary, Treasure	r. duly Authorized R	lenresentative Receiver		

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

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FORSECR	ETARY O	STATEUS	SE ONLY
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Form No. 631 Revised: 04/2014



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.

Signature of Officer or Authorized Representative

6 -/ 7-/ 6 Date

Print or Type Name of Officer or Authorized Representative