



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 <b>30051</b>		2. Exact name of the Corporation <i>Teofilo Braga Brotherhood, Literary, and Social Club</i>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <i>Portuguese American Fraternal Organization</i>	
5. Principal Office Address <i>26 Teofilo Braga Way</i>		City <i>East Providence</i>	State <b>RI</b>
		Zip <i>02914</i>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <i>Armando Medeiros</i>		Vice-President Name <i>John Perry</i>	
Street Address <i>16 Forest Ave</i>		Street Address <i>4 Carouse Drive West</i>	
City <i>Riverside</i>	State <b>RI</b>	Zip <i>02915</i>	City <i>Riverside</i>
			State <b>RI</b>
			Zip <i>02915</i>
Secretary Name <i>Jim Regan</i>		Treasurer Name <i>Olimpio Medeiros</i>	
Street Address <i>32 Ruth Avenue</i>		Street Address <i>16 Forest Avenue</i>	
City <i>Rumford</i>	State <b>RI</b>	Zip <i>02916</i>	City <i>Riverside</i>
			State <b>RI</b>
			Zip <i>02915</i>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <i>Jose Cavaco</i>		Director Name <i>Tony Silva</i>	
Street Address <i>50 Grove Avenue</i>		Street Address <i>61 Berkeley Street</i>	
City <i>East Providence</i>	State <b>RI</b>	Zip <i>02914</i>	City <i>East Providence</i>
			State <b>RI</b>
			Zip <i>02914</i>
Director Name <i>Fred Perry</i>		Director Name	
Street Address <i>107 Catalpa Avenue</i>		Street Address	
City <i>Riverside</i>	State <b>RI</b>	Zip <i>02915</i>	City
			State
			Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <i>Armando Medeiros</i>			Date <i>7/24/16</i>
Signature of Officer/Authorized Representative <i>Armando Medeiros</i>			

**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**  
 JUL 27 2016  
 BY 1773  
 LD

FORM 631 - Revised: 05/2016