



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV.

1. Entity ID Number 30615		2. Exact name of the Corporation Portuguese Sporting Club			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-profit membership club serving members and guests.			
5. Principal Office Address 92 Gano Street			City Providence	State RI	Zip 02906
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carlos Jorge			Vice-President Name Herman Rego		
Street Address 83 Summit Street			Street Address 112 Second Avenue		
City East Providence	State RI	Zip 02914	City Cranston	State RI	Zip 02910
Secretary Name Maria Rezendes			Treasurer Name Nancy Carinha		
Street Address 172 Morris Avenue			Street Address 110 Benefit Street #2		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jose Rego			Director Name Jose Garcia		
Street Address 325 Daggett Avenue			Street Address 84 Grassmere Avenue		
City Pawtucket	State RI	Zip 02861	City East Providence	State RI	Zip 02914
Director Name Manuel Martins			Director Name Jose Cardoso		
Street Address 1089 Plainfield Street			Street Address 285 Williams Street		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02906
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.					
<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 Nancy Carinha				Date 06/29/2016	
Signature of Officer/Authorized Representative <i>Nancy Carinha</i> SIGN DOCUMENT HERE					

FILED

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By R 280153

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