



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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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 BUS SVCS DIV

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1. Entity ID Number 27149		2. Exact name of the Corporation FILIBUSTEN CLUB	
3. State of Incorporation RI 1940		4. Brief description of the character of business conducted in Rhode Island MEMBER CLUB	
5. Principal Office Address 23 HIGH ST		City CUMBERLAND	State RI
		Zip 02864	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name VICTOR CORSE		Vice-President Name AMADEU FONSECA	
Street Address 113 MARTIN ST		Street Address 113 HILLSIDE AVE	
City CUMB	State RI	City ATL E BRO	State RI
Zip 02864		Zip 02864	
Secretary Name THOMAS ANTUNES		Treasurer Name WILLIAM R HERMOND	
Street Address 10 FRANKLIN ST		Street Address 354 HIGH ST	
City LINCOLN	State RI	City CUMB	State RI
Zip 02864		Zip 02864	
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 JOHN CSWEETMAN		Director Name ROBERT FLEURY	
Street Address 7 FAIRVIEW AVE		Street Address 191 KODINSON	
City CUMB	State RI	City PAWT	State RI
Zip 02864		Zip 02861	
Director Name WILLIAM LAROCQUE		Director Name ADAM LAROCHELLE	
Street Address 23 HIGH ST		Street Address 10 LILAC ST	
City CUMB	State RI	City CUMB	State RI
Zip 02864		Zip 02864	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative JOHN CSWEETMAN			Date 4-20-17
Signature of Officer/Authorized Representative <i>John Sweetman</i>			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 02/2017