



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 APR 20 PM 12:48

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

**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

APR 20 2017

BY LE 301491  
12:50

FORM 631 - Revised: 02/2017