



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

DEPARTMENT OF STATE
 BUSINESS DIV.
 JUN - 1 AM 10: 57

Annual Report for the year: 2017
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 30508		2. Exact name of the Corporation Portuguese American Federation, Inc.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Promote Portuguese Culture through education and charitable events	
4. NAICS Code 813990			
6. Principal Office Address PO Box 3824		City Newport	State RI
		Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Marco Camacho		Vice-President Name Helen Mathieu	
Street Address 55 Evert St.		Street Address 25 Old Beach Rd	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Secretary Name Linda Michaud		Treasurer Name Charles Laranjo	
Street Address 21 Baldwin Rd.		Street Address 12 County St	
City Middletown	State RI	City Newport	State RI
Zip 02842		Zip 02840	
8. 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 Francisco Amaral		Director Name Mercedes Mellolas	
Street Address 5 Casey Ct.		Street Address 8 Casey Court	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Director Name Charles Laranjo		Director Name Linda Michaud	
Street Address 12 County St		Street Address 21 Baldwin Rd.	
City Newport	State RI	City Middletown	State RI
Zip 02840		Zip 02842	
9. 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 Charles J. Laranjo			Date May 26, 2017
Signature of Officer/Authorized Representative <i>Charles J. Laranjo</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

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