



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 001654178

2. Name of Corporation The Portuguese Discovery Monument Foundation

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

4. Corporate Address in Rhode Island

No. and Street: 1100 AQUIDNECK AVENUE

City or Town: MIDDLETOWN

State: RI Zip: 02842 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE THE RENOVATION, RESTORATION, RECONSTRUCTION, CONSTRUCTION, ESTABLISHMENT AND MAINTENANCE OF A MONUMENT TO THE PORTUGUESE NAVIGATORS AS LOCATED AT BRENTON POINT PARK, NEWPORT, RHODE ISLAND AND TO PROMOTE AND CULTIVATE PORTUGUESE CULTURE, HERITAGE, TRADITIONS, AND CUSTOMS BY CONDUCTING AND SUPPORTING FUNCTIONS AND EVENTS TO ENHANCE THE AWARENESS OF PORTUGUESE HERITAGE, CULTURE AND CUSTOMS, IN GENERAL; AND ADDITIONALLY TO USE THE

FUNDS OF THE FOUNDATION, IN THE DISCRETION OF THE BOARD OF DIRECTORS, AS GENERATED FROM ITS ACTIVITIES AND FROM PRIVATE OR PUBLIC SOURCES, FOR CHARITABLE SUPPORT OF OTHER ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT M SILVA	8 CIRCLE DRIVE MIDDLETOWN, RI 02842 USA
TREASURER	JOSEPH G DIAS	106 RUGGLES AVENUE NEWPORT, RI 02840 USA
SECRETARY	HELEN M MATHIEU	25 OLD BEACH ROAD NEWPORT, RI 02840 USA
ASSISTANT SECRETARY	CHARLES J LARANJO	12 COUNTY STREET NEWPORT, RI 02840 USA
VICE PRESIDENT	JAMES J REED	8 LOYOLA TERRACE NEWPORT, RI 02840 USA
DIRECTOR	JAMES J REED	8 LOYOLA TERRACE NEWPORT, RI 02840 USA
DIRECTOR	CHARLES J LARANJO	12 COUNTY STREET NEWPORT, RI 02840 USA
DIRECTOR	HELEN M MATHIEU	25 OLD BEACH ROAD NEWPORT, RI 02840 USA
DIRECTOR	JOSEPH G DIAS	106 RUGGLES AVENUE NEWPORT, RI 02840 USA
DIRECTOR	ROBERT M SILVA	8 CIRCLE DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	LEONEL RODRIGUES TEIXEIRA	575 EAST AVENUE PAWTUCKET, RI 02860 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ROBERT M. SILVA, ESQ. 1100 AQUIDNECK AVENUE MIDDLETOWN , RI 02842

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of June, 2017 at 9:26:17 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By /S/ ROBERT M. SILVA
Signature of Authorized Person

Form No. 631
Revised 09/07

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