



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

Annual Report for the year:

Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

2017 JUN 27

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

1. Entity ID Number 30523		2. Exact name of the Corporation PORTUGUES AMERICAN SOCIAL CLUB OF PROVIDENCE	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO CO-OPERATE WITH ALL PARTNOUES AMERICANS FOR THE ADVANCEMENT AND WELFARE OF ITS MEMBERS : COMMUNITY	
4. NAICS Code 93319			
6. Principal Office Address 32 SHELDON ST		City PROVIDENCE	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name BRIAN M. VERRIA		Vice-President Name ROBERT F. ANTHONY JR	
Street Address 820 WARWICK AV		Street Address 12 LAWN ACRE AV	
City WARWICK	State RI	City N. PROV	State RI
Zip 02888		Zip 02911	
Secretary Name DAVID VARGAS		Treasurer Name RONALD E. MOURA	
Street Address 43 TINGLEY DR		Street Address 6 MAYFIELD DR	
City CUMMERSLAND	State RI	City BARRINGTON	State RI
Zip 02864		Zip 02806	
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 BRIAN M. VERRIA		Director Name ROBERT F. ANTHONY SR	
Street Address SAME		Street Address 3 INTERVALE RD	
City WARWICK	State RI	City SMITHFIELD	State RI
Zip 02888		Zip 02917	
Director Name RICHARD E. PAIVA		Director Name RONALD E. MOURA	
Street Address 9 RIPTIDE ST		Street Address SAME	
City JAMESTOWN	State RI	City SMITHFIELD	State RI
Zip 02835		Zip 02917	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative RONALD E. MOURA			Date 6/26/17
Signature of Officer/Authorized Representative Ronald E Moura			

SIGN DOCUMENT HERE

FILED

JUN 27 2017

BY

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