



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

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 27 AM 10:30

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
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

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	Zip 02888	City N. PROV	State RI	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	Zip 02864	City BARRINGTON	State RI	Zip 02806

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

Director Name BRIAN M. VERRIA			Director Name ROBERT F. ANTHONY SR		
Street Address SAME			Street Address 3 INTERVALE RD		
City	State	Zip	City SMITHFIELD	State RI	Zip 02917
Director Name RICHARD E. PAIVA			Director Name RONALD E MOURA		
Street Address 9 RIPTIDE ST			Street Address SAME		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip

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 <i>Ronald E Moura</i>	

SIGN DOCUMENT HERE
FILED *RM*

JUN 27 2017

BY 307a

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov