



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2011**

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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BUS SVCS DIV

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1. Entity ID Number 30550		2. Exact name of the Corporation PORTUGUESE BENEFICIAL ASSOCIATION DON LUIZ FILIPE			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ASSISTS THE PORTUGUESE COMMUNITY IN ALL ASPECTS OF LIVING IN THE USA			
4. NAICS Code 813319 - Other Social Advoc ☐					
6. Principal Office Address 9 ST. ELIZABETH STREET		City BRISTOL		State RI	Zip 02809
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name CARLOS MEDEIROS		Vice-President Name VICTOR PARECE			
Street Address 283 MARKET STREET		Street Address 8 ST. ELIZABETH STREET			
City WARREN	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name CHRISTINE MIMOSO		Treasurer Name VICTOR PARECE			
Street Address 9 ST. ELIZABETH STREET		Street Address 8 ST. ELIZABETH STREET			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name JOSE TEIXEIRA		Director Name EMANUEL SOUSA			
Street Address 9 ST. ELIZABETH STREET		Street Address 9 ST. ELIZABETH STREET			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name ARMANDO PACHECO		Director Name MANUEL ALMEIDA			
Street Address 9 ST. ELIZABETH STREET		Street Address 9 ST. ELIZABETH STREET			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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 CARLOS MEDEIROS				Date 6/29/17	
Signature of Officer/Authorized Representative <i>Carlos Medeiros</i>				FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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