



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2017RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 JUL -5 AM 11:41

- 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 31133		2. Exact name of the Corporation CRANSTON PORTUGUESE ROD & GUN CLUB INC	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813990		SOCIAL SPORTING ROD & GUN CLUB	
6. Principal Office Address 425 GARDNER R.D		City EXETER	State R.I.
		Zip 02822	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CARLOS ALVES		Vice-President Name JOAO ARELO	
Street Address 425 GARDNER ROAD		Street Address 36 WEBB ST	
City W. KINGSTOWN	State R.I.	City WARWICK	State R.I.
Zip 02892		Zip 02889	
Secretary Name JOSE CORDEIRO		Treasurer Name JOSE ALMEIDA	
Street Address 214 PIERCE AVE		Street Address 22 BOLDER DR	
City WARWICK	State R.I.	City RICHMOND	State R.I.
Zip 02888		Zip 02892	
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 ANTONIO LOURO		Director Name ANTONIO TRINDADE	
Street Address 56 LEGION WAY		Street Address 21 GORDON ST	
City CRANSTON	State R.I.	City CRANSTON	State R.I.
Zip 02910		Zip 02910	
Director Name AGOSTINHO FURTADO		Director Name VITORINO CABRITA	
Street Address 47 CLEVELAND		Street Address 29 GORDON ST	
City PAWTUCKET	State R.I.	City CRANSTON	State R.I.
Zip 02860		Zip 02910	
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 ALVES		Date 7/5/17	
Signature of Officer/Authorized Representative <i>[Signature]</i>		FILED	

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

JUL 05 2017

BY CM 307563

FORM 631 - Revised: 06/2017