



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

Annual Report for the year:

2018

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

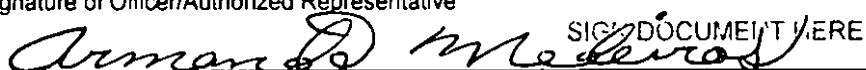
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 20 2018

BY

2311

1. Entity ID Number 30051		2. Exact name of the Corporation Teofilo Braga Brotherhood, Literary, and Social Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Portuguese-American Fraternal Organization			
4. NAICS Code 722410					
6. Principal Office Address 26 Teofilo Braga Way		City East Providence		State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Armando Medeiros			Vice-President Name John Perry		
Street Address 44 Mayflower Street			Street Address 4 Carousel Drive West, B220		
City East Providence	State RI	Zip 02914	City Riverside	State RI	Zip 02915
Secretary Name Jim Regan			Treasurer Name Olimpio Medeiros		
Street Address 32 Ruth Avenue			Street Address 16 Forest Avenue		
City Rumford	State RI	Zip 02916	City Riverside	State RI	Zip 02915
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 Cavaco			Director Name Fred Perry		
Street Address 50 Grove Avenue			Street Address 107 Catalpa Avenue		
City East Providence	State RI	Zip 02914	City Riverside	State RI	Zip 02915
Director Name Larry Tavares			Director Name		
Street Address 44 Farnum Street			Street Address		
City East Providence	State RI	Zip 02914	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 Armando Medeiros				Date 6/11/2018	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017