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

FILED
JUN 20 2018
BY 2311

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.

1. Entity ID Number	2. Exact name of the Corporation
30051	**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	City	State	Zip
26 Teofilo Braga Way	**East Providence**	**RI**	**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	Date
Armando Medeiros	**6/11/2018**

Signature of Officer/Authorized Representative
Armando D Medeiros 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