



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

FILED

JUL 02 2018

BY 1068

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 000063425		2. Exact name of the Corporation Portuguese American Women's Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote the education and advancement of Portuguese Americans			
4. NAICS Code 923110					
6. Principal Office Address 35 Highland Avenue			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan Antonio Pacheco			Vice-President Name Ines Bates		
Street Address 15 Barn Drive			Street Address 185 Read Street		
City Cumberland	State RI	Zip 02864	City Somerset	State MA	Zip 02726
Secretary Name Krystal Amoroso			Treasurer Name Mary Costa		
Street Address 861 Broadway			Street Address 407 Reed Street		
City East Providence	State RI	Zip 02914	City Swansea	State MA	Zip 02777
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 Susan A. Pacheco			Director Name Mary Costa		
Street Address 15 Barn Drive			Street Address 407 Reed Street		
City Cumberland	State RI	Zip 02864	City Swansea	State MA	Zip 02777
Director Name Ines Bates			Director Name		
Street Address 185 Read Street			Street Address		
City Somerset	State MA	Zip 02726	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative SUSAN A. PACHECO				Date 6/28/18	
Signature of Officer/Authorized Representative <i>Susan A. Pacheco</i>				SIGN YOUR NAME IN THE RE	

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