



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

Annual Report for the year: **2018**

Non-Profit Corporation

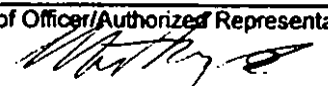

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 98076		2. Exact name of the Corporation THE PORTUGUESE AMERICAN POLICE ASSOCIATION OF RHODE ISLAND, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN CIVIC, EDUCATIONAL, INTELLECTUAL AND SOCIAL ENDEAVORS			
4. NAICS Code 813319 - Other Social Advocac					
6. Principal Office Address 2417 Mendon Road		City Woonsocket	State RI	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NORMAN J. MIRANDA, JR.			Vice-President Name MONTY MONTEIRO		
Street Address 141 PLAIN STREET			Street Address 24 HOLBROOK AVENUE		
City REHOBOTH	State MA	Zip 02769	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name DAVID AGUIAR			Treasurer Name MATTHEW BRAGA		
Street Address 343 WILLIAMS STREET			Street Address 14 MEADOWLARK DRIVE		
City NORTH DIGHTON	State MA	Zip 02764	City REHOBOTH	State MA	Zip 02769
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 NORMAN J. MIRANDA, JR.			Director Name JACOB MIRANDA		
Street Address 141 PLAIN STREET			Street Address 139 PLAIN STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Director Name MATTHEW BRAGA			Director Name ROBERTO DASILVA		
Street Address 14 MEADOWLARK DRIVE			Street Address 50 RICE AVENUE		
City REHOBOTH	State MA	Zip 02769	City EAST PROVIDENCE	State RI	Zip 02914
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or any Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative MATTHEW BRAGA, TREASURER				Date 2/24/19	
Signature of Officer/Authorized Representative 				SIGN 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