State of Rhode Island and Providence Plantations
Department of State - Business Services Division
Annual Report for the year: 2019
 → 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 1 0 2013

77 Charty Additional 323.00 ICC II	Turni is not like by July 30.		B <u>Y((</u>	20014		
1. Entity ID Number	2. Exact name of the Corporation	<u> </u>				
000030600	Portugues e holy 6host Society					
3. State of Incorporation		er of business conducted in Rhode Is	7			
R. I. 1911						
4. NAICS Code	1					
813410	Member		· 	•		
6. Principal Office Address	ra Street	City Wary	State	D893		
7 List ALL officers (names and addresses) Check the box to indicate an attach						
President Name Dominars	Lail-	Vice-President Name PF dR0. M · S O V				
SpeciAddess W600SI	de AN	Street Address 67 WEST NAR	Wick A	V		
City Wark WARWICK	State Zip 2ip 2285 3	City W451 WARWIC	State	02893		
Secretary Name	mittell	Teasurer Name CARC	A			
Strong Address, Willed St		Street Address 36 TAFT ST				
Civ W.W.	7 Z80893	CRANSTON	State I	209905		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Qheck the box to indicate an attachment						
Director Name		Director Name January 1890				
Street Address		Street Address 11.3 & I PRKE ROAD				
City	State Zip	City	State R.I.	7.10 OD 816		
Director Name	R I 02816	Director Name	1	0000		
NIMO \$ Medericas		Michard (Micher Deus			
Revoudet ST		Street Address 29 Hermon of	A - 4:			
City West WARWICK	State Zip 02893	City Twowned	State FF	Zip 07853		
	nd. This information is currently of record		equire 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.						
	esident, Vice President, Secretary, Assistant Sei			· · · · · · · · · · · · · · · · · · ·		
Name of Officer/Authorized Representative						
IPAUI (MA	G'A		5/31//	19		
Signature of Officer/Authorized Rep	Signature of Officer/Authorized Representative					
ITALL () () ALD						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov