RI SOS Filing Number: 201903434390 Date: 7/11/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2019

FILED

→ F	ling period	June 1	1 -	June	30

→ Filing Fee \$20 00

--> Penalty Additional \$25 00 fee if form is not filed by July 30.

Core to the core	To 5								
Entity ID Number	2. Exact name of the Corporation								
000029589	Club Juventude Lusitana								
3 State of Incorporation	5. Brief description of the character of business conducted in Rhode Island								
RI	Services to the Portuguese Community								
4 NAICS Code									
813110 - Religious Organiza									
6 Principal Office Address			C.ty	State	Zip				
10 Chase Street			Cumberland	RI	02864				
7. List ALL officers (names and add	lresses)			heck the box to indica	ile an attachment [
President Name Henrique Craveil	ro		Vice-President Name Anibal Costa						
Street Address 17 Cullen Hill Roa	ad	····	Street Address 8 Franklin Street						
City Lincoln	State RI	^{Ζιρ} 02865	City Cumberland	State RI	^{Zip} 02864				
Secretary Name Luis daSilva	•		Treasurer Name Jose Ribeiro						
Street Address 63 Silo Drive			Street Acdress 63 Sweet Avenue						
^{City} Cumberland	State RI	Zip 02864	City Pawtucket	State RI	^{Zip} 02861				
8 List ALL directors (names and ad	adresses). RI Cor	porations MUST		theck the box to indica	ate an attachment				
Director Name Albano Saraiva			Director Name Christopher daCosta						
Street Address 3616 Diamond Hi	ill Road		Street Address 31 Forest Avenue						
^{Cily} Cumberland	State RI	Z _I β 02864	City Cumberland	State RI	Z·p 02864				
Director Name Luis daSilva	<u> </u>	•	Director Name						
Street Address 63 Silo Drive			Street Address						
C ^{ty} Cumberland	State RI	Zip 02864	City	State	7 гр				
9 Registered Agent in Rhode Islan	d. This information	is currently of reco	rd in the Department of State Changes	require fling Form 64	1.				
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 Pre-	sident, Vice-President	Secretary Assistant S	Secretary, Treasurer, duly Authonzed Represe	intative, Receiver or Trus	tee				
Name of Officer/Authorized Repres	sentative			Date					
Henrique Craveiro, President	:			7/8/2019					
Signature of Officer/Authorized Representative									
Heung Caseri									