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R.I. DEPT. OF STATE
BUS SVCS DIVState of Rhode Island and Providence Plantations
Department of State - Business Services Division

2019 OCT 16 A 8:46

Annual Report for the year:

Non-Profit Corporation

2019

→ 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 <u>000007908</u>		2. Exact name of the Corporation <u>Lincoln Club</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Social Club</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>9 St Elizabeth St</u>		City <u>Bristol</u>	State <u>RI</u>
		Zip <u>02809</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Carlos Medeiros</u>		Vice-President Name <u>Victor Parece</u>	
Street Address <u>283 Market St</u>		Street Address <u>8 St Elizabeth St</u>	
City <u>Warrren</u>	State <u>RI</u>	Zip <u>02805</u>	City <u>Bristol</u>
			State <u>RI</u>
			Zip <u>02809</u>
Secretary Name <u>Malvina Moniz</u>		Treasurer Name <u>Malvina Moniz</u>	
Street Address <u>5 Tower St</u>		Street Address <u>5 Tower St</u>	
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Bristol</u>
			State <u>RI</u>
			Zip <u>02809</u>
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 <u>Armando Pacheco</u>		Director Name <u>Emmanuel Sousa</u>	
Street Address <u>9 St. Elizabeth St</u>		Street Address <u>9 St. Elizabeth St</u>	
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Bristol</u>
			State <u>RI</u>
			Zip <u>02809</u>
Director Name <u>Joao Ferreira</u>		Director Name	
Street Address <u>35 Peckham Place</u>		Street Address	
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	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 <u>Malvina Moniz</u>		Date <u>10/16/2019</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

OCT 16 2019

BY [Signature]2191