



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

SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:
Non-Profit Corporation

2019

2019 DEC 18 PM 12:00

- 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>32035</u>		2. Exact name of the Corporation <u>Poetiquise Independent Band Club</u>		
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Social Club for members</u>		
4. NAICS Code <u>813410</u>				
6. Principal Office Address <u>588 Wood 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>Manuel Almeida</u>		Vice-President Name <u>Carlos Medina</u>		
Street Address <u>102 Constitution St</u>		Street Address <u>24 Strand St</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>RI</u>
Secretary Name <u>Nuberto Pacheco</u>		Treasurer Name <u>Shirley Almeida</u>		
Street Address <u>Bradford St</u>		Street Address <u>102 Constitution St</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>RI</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>Joe Bittencourt</u>		Director Name <u>Mike Oliveira</u>		
Street Address <u>Lea St</u>		Street Address <u>Baguier Ave</u>		
City <u>East Prov</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>Bristol</u>	State <u>RI</u>
Director Name <u>Fred Raposo</u>		Director Name <u>Antonio Ayala</u>		
Street Address <u>Metacom Ave</u>		Street Address <u>Hydrum Dr</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>RI</u>
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>Arturo Arik</u>			Date <u>12/18/19</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>				

DEC 18 2019

MAIL TO:
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