



RI SOS Filing Number: 202044916600

Date: 7/16/2020 4:00:00 PM

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

FILED

JUL 16 2020

BY

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Annual Report for the year: **2020**

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.

1. Entity ID Number 000029589		2. Exact name of the Corporation CLUB JUVENTUDE LUSITANA			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SERVICES TO THE PORTUGUESE COMMUNITY			
4. NAICS Code 813110 - Religious Organ					
6. Principal Office Address 10 CHASE STREET			City CUMBERLAND	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HENRIQUE CRAVEIRO			Vice-President Name ANIBAL COSTA		
Street Address 17 CULLEN HILL ROAD			Street Address 8 FRANKLIN STREET		
City LINCOLN	State RI	Zip 02865	City CUMBERLAND	State RI	Zip 02864
Secretary Name LUIS DASILVA			Treasurer Name JOSE RIBEIRO		
Street Address 63 SILO DRIVE			Street Address 63 SWEET AVENUE		
City CUMBERLAND	State RI	Zip 02864	City PAWTUCKET	State RI	Zip 02861
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 ALBANO SARAIVA			Director Name CHRISTOPHER DACOSTA		
Street Address 3616 DIAMOND HILL ROAD			Street Address 31 FOREST AVENUE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name LUIS DASILVA			Director Name		
Street Address 63 SILO DRIVE			Street Address		
City CUMBERLAND	State RI	Zip 02864	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative HENRIQUE CRAVEIRO, PRESIDENT <i>Henrique Craveiro, Pres.</i>				Date 7/13/2020	
Signature of Officer/Authorized Representative					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov