



Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2020

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

MAR 17 2021

BY

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1. Entity ID Number 000030600		2. Exact name of the Corporation Portuguese Holy Ghost Society	
3. State of Incorporation R.I. 1911		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 83410		members CLUB	
6. Principal Office Address 11 Ventura ST		City W. WARWICK	State R.I.
		Zip 02893	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Camilo E. Silva		Vice-President Name Zoe M. Silva	
Street Address 105 West Wick Ave		Street Address 67 West Wick Ave	
City W. WARWICK	State RI	City WEST WARWICK	State RI
Zip 02893		Zip 02893	
Secretary Name Paula J. Ametelli		Treasurer Name Chris Coffey	
Street Address 12 Wakefield St		Street Address 14 Sternbach Street	
City W.W.	State RI	City W. WARWICK	State RI
Zip 02893		Zip 02893	
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 David E. Cairns		Director Name John da Estrela	
Street Address 14 Long Pond Rd		Street Address 92 East Main St.	
City Cot	State RI	City West Warwick	State RI
Zip 02816		Zip 02893	
Director Name Richard Deas		Director Name	
Street Address 29 Harmony St		Street Address	
City West Warwick	State RI	City	State
Zip 02893		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Paul Garcia			Date 3/3/2021
Signature of Officer/Authorized Representative Paul Garcia			