



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

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.

FILED
APR 13 2021
BY [Signature]

1. Entity ID Number 31133		2. Exact name of the Corporation CRANSTON PORTUGUESE ROD E GUN CLUB INC	
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813 990		SOCIAL SPORTING ROD E GUN CLUB	
6. Principal Office Address 425 GARDNER R.D		City EXETER	State R.I
		Zip 02822	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOAO ARELO		Vice-President Name ALBINO PIRES	
Street Address 36 WEBB ST		Street Address 28 ORANGE ST	
City WARWICK	State R.I	City ESAT PROVIDENCE	State R.I
Zip 02889		Zip 02916	
Secretary Name CARLOS ALVES		Treasurer Name JOSE CORDEIRO	
Street Address 425 GARDNER R.D		Street Address 214 PIERRE AVE	
City WEST KINGSTOWN	State R.I	City WARWICK	State R.I
Zip 02892		Zip 02888	
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 JOSE ALMEIDA		Director Name ANTONIO LOURO	
Street Address 22 BORDER DR		Street Address 56 LEGION WAY	
City RICHEMAND	State R.I	City CRANSTON	State R.I
Zip 02892		Zip 02910	
Director Name TOBIAS DA COSTA		Director Name ANTONIO TRINDADE	
Street Address 28 KENTY DR		Street Address 21 GORDON ST	
City SEEKONK	State MA	City CRANSTON	State R.I
Zip 02774		Zip 02910	
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 <u>[Signature]</u>			Date 4/7/21
Signature of Officer/Authorized Representative <u>[Signature]</u>			NO DOCUMENT HERE

MAIL TO:
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Website: www.sos.ri.gov