



State of Rhode Island
Department of State - Business Services Division

FILED

JUL 05 2021

Annual Report for the year:

2021

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.

BY 1147

| | | | | | | | |
|---|--------------------|---|--------------------------------|---|---------------------|------------------------|--|
| 1. Entity ID Number 26463 | | 2. Exact name of the Corporation HOLY GHOST BENEFICIAL BROTHERHOOD OF RI | | | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island TO PROVIDE BENEFITS AND INSURANCE TO MEMBERS OF THE ORGANIZATION. | | | | | |
| 4. NAICS Code 813319. OTHER SOCIAL | | | | | | | |
| 6. Principal Office Address 51 N. PHILLIPS STREET | | | | City EAST PROVIDENCE | State RI | Zip 02914 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | |
| President Name MANUEL F SOUSA | | | | Vice-President Name NOLBERTO ARLUDA | | | |
| Street Address 1449 S. BROADWAY | | | | Street Address 293 WARREN AVE | | | |
| City EAST PROVIDENCE | State RI | Zip 02914 | City EAST PROVIDENCE | State RI | Zip 02914 | | |
| Secretary Name NUNO BLANCO | | | | Treasurer Name JOAO SILVA | | | |
| Street Address 40 ANTHONY ST | | | | Street Address 158 BROWN ST | | | |
| City EAST PROVIDENCE | State RI | Zip 02914 | City EAST PROVIDENCE | State RI | Zip 02914 | | |
| 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 MANUEL F SOUSA | | | | Director Name NOLBERTO ARLUDA | | | |
| Street Address SAME AS ABOVE | | | | Street Address SAME AS ABOVE | | | |
| City | State | Zip | City | State | Zip | | |
| Director Name NUNO BLANCO | | | | Director Name JOAO SILVA | | | |
| Street Address SAME AS ABOVE | | | | Street Address SAME AS ABOVE | | | |
| City | State | Zip | City | State | 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. | | | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | | | | | |
| Name of Officer/Authorized Representative MANUEL F SOUSA | | | | | | Date 6-30-21 | |
| Signature of Officer/Authorized Representative <i>Manuel F Sousa</i> | | | | | | | |

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