



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year:
Non-Profit Corporation

2021

JUL 21 2021

BY

[Handwritten signature]

- 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 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 MEMBERS CLUB			
4. NAICS Code 812110					
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 Joaquim Leite			Vice-President Name CHRISTOPHER J ALVA		
Street Address 105 Woodside			Street Address 14 STERNBACH STREET		
City West Warwick	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name Paula Jannitelli			Treasurer Name Richard Deus / R Deus		
Street Address W. W. Woodside St.			Street Address 29 Harmony St.		
City W.W.	State RI	Zip 02893	City West Warwick	State RI	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 CAIRES			Director Name Antonio Sebastiao		
Street Address 14 LONG POND ROAD			Street Address 11 Woodside Ave Apt B		
City COVENTRY	State RI	Zip 02816	City West Warwick	State RI	Zip 02893
Director Name MICHAEL CAIRES			Director Name John da Estrela		
Street Address 113 ABBOTS CROSSING			Street Address 92 East Main St.		
City COVENTRY	State RI	Zip 02816	City West Warwick	State RI.	Zip 02893
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.					
<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 Joaquim Leite					Date 7/16/21
Signature of Officer/Authorized Representative <i>Joaquim Leite</i>					

MAIL TO:
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