RI SOS Filing Number: 202199465080 Date: 7/21/2021 9:04:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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1. Entity ID Number	2. Exact name of the Corporation
32035	**PORTUGUESE INDEPENDENT BAND CLUB**
3. State of Incorporation: **R.I.**	5. Brief description of the character of business conducted in Rhode Island: **SOCIAL CLUB FOR MEMBERS**
4. NAICS Code: **813990 - Other Similar Organiz**	

6. Principal Office Address	City	State	Zip
588 WOOD STREET	**BRISTOL**	**R.I.**	**02809**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **MICHAEL OLIVEIRA**			Vice-President Name **JOSEPH C. CONSTANCIA**		
Street Address **72 BAYVIEW AVENUE**			Street Address **43 THOMPSON STREET**		
City **BRISTOL**	State **R.I.**	Zip **02809**	City **BRISTOL**	State **R.I.**	Zip **02809**
Secretary Name **ARMAND PEREIRA**			Treasurer Name **ARMAND PEREIRA**		
Street Address **41 ROOSEVELT DRIVE**			Street Address **41 ROOSEVELT DRIVE**		
City **BRISTOL**	State **R.I.**	Zip **02809**	City **BRISTOL**	State **R.I.**	Zip **02809**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **MICHAEL OLIVEIRA**			Director Name **JOSEPH C CONSTANCIA**		
Street Address **72 BAYVIEW AVENUE**			Street Address **43 THOMPSON AVENUE**		
City **BRISTOL**	State **R.I.**	Zip **02809**	City **BRISTOL**	State **R.I.**	Zip **02809**
Director Name **ARMAND PEREIRA**			Director Name		
Street Address **41 ROOSEVELT DRIVE**			Street Address		
City **BRISTOL**	State **R.I.**	Zip **02809**	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.

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	Date
MICHAEL OLIVEIRA	**1/1/2021**

Signature of Officer/Authorized Representative: Michael Oliveira

SIGN DOCUMENT HERE

FILED

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615

JUL 21 2021
BY CM 11/3XD
9:04