



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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RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 32035		2. Exact name of the Corporation 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 588 WOOD STREET		City BRISTOL	State R.I.
		Zip 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.	City BRISTOL	State R.I.
Zip 02809		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.	City BRISTOL	State R.I.
Zip 02809		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.	City BRISTOL	State R.I.
Zip 02809		Zip 02809	
Director Name ARMAND PEREIRA		Director Name	
Street Address 41 ROOSEVELT DRIVE		Street Address	
City BRISTOL	State R.I.	City	State
Zip 02809		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.			
<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 MICHAEL OLIVEIRA			Date 1/1/2021
Signature of Officer/Authorized Representative <i>Michael Oliveira</i>			SIGN DOCUMENT HERE FILED^m

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

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BY *ML 1/3XD*
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