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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 OCT 21 A 8 38



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.

1. Entity ID Number <b>000797213</b>		2. Exact name of the Corporation <b>The Portuguese Learning Center of E. Providence</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To serve the community with Portuguese language and culture classes, citizenship classes, and cultural events</b>			
4. NAICS Code <b>61130- Language Schools</b>					
6. Principal Office Address <b>C/O Brianna Medeiros 201 Burgess Ave, Apt 3</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Brianna Medeiros</b>			Vice-President Name <b>Marcia da Ponte</b>		
Street Address <b>201 Burgess Ave, Apt 3</b>			Street Address <b>89 Plymouth Rd</b>		
City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>Brianna Medeiros</b>			Director Name <b>Sabrina Brum</b>		
Street Address <b>201 Burgess Ave, Apt 3</b>			Street Address <b>4 Edmund Lane</b>		
City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>Marcia da Ponte</b>			Director Name <b>Eileen Afonso</b>		
Street Address <b>89 Plymouth Rd</b>			Street Address <b>126 Brook St</b>		
City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 <b>Brianna Medeiros</b>				Date <b>10/8/2021</b>	
Signature of Officer/Authorized Representative <b>Brianna Medeiros</b>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

OCT 21 2021

FORM 631 - Revised 08/2020

BY [Signature] K756C  
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