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R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2021 OCT 21 A 8 38

Annual Report for the year:
Non-Profit Corporation

2020

- 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 000797213		2. Exact name of the Corporation The Portuguese Learning Center of E. Providence	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To serve the community by offering Portuguese language and culture classes.	
4. NAICS Code 61130 - language schools			
6. Principal Office Address C/O Brianna Medeiros 201 Burgess Ave, Apt 3		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 EVERY KOEN		Vice-President Name Monica Teixeira de Sousa	
Street Address 167 Bayview Ave		Street Address 1921 Broad St	
City Portsmouth	State RI	City Cranston	State RI
Zip 02871		Zip 02905	
Secretary Name		Treasurer Name Susana Palacios	
Street Address		Street Address 222 Baggett Avenue	
City	State	City Pawtucket	State RI
	Zip	Zip 02861	
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 Brianna Medeiros		Director Name Luisa Batista	
Street Address 201 Burgess Ave, Apt 3		Street Address 21 Pickett Road	
City E. Providence	State RI	City E. Providence	State RI
Zip 02914		Zip 02914	
Director Name Jose Francisco Costa		Director Name Rosa Costa	
Street Address 15 Intervale Road		Street Address 11 Parady St	
City Smithfield	State RI	City Providence	State RI
Zip 02917		Zip 02902	
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 Brianna Medeiros			Date 10/19/2021
Signature of Officer/Authorized Representative Brianna Medeiros			

FILED

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

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