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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 OCT 21 A 8 38



State of Rhode Island
Department of State - Business Services Division

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	Zip 02871	City Cranston	State RI	Zip 02905
Secretary Name			Treasurer Name Susana Palacios		
Street Address			Street Address 222 Baggett Avenue		
City	State	Zip	City Pawtucket	State RI	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	Zip 02914	City E. Providence	State RI	Zip 02914
Director Name José Francisco Costa			Director Name Rosa Costa		
Street Address 15 Intervale Road			Street Address 11 Parade St		
City Smithfield	State RI	Zip 02917	City Providence	State RI	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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BY K756C
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FORM 631 - Revised: 08/2020