RI SOS Filing Number: 202105491080 Date: 11/29/2021 12:52:00 PM



State of Rhode Island

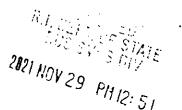
Department of State - Business Services Division

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	2. Exact name of the Corporation				
000030470	PORTUGUESE-AMERICAN CITIZENS club of WEST WARNICK				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	Social club - BAR				
4. NAICS Code					
813910					
6. Principal Office Address			City	State	Zip
97 EAST MAIN STREET			WEST WARNICK	RI	02-893
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name BRIAN CORREIRA			Vice-President Name MARK MOTA		
Street Address 45 FAUN LANE			Street Address 70 WAKE Field ST.		
W. Wrewick	State	2ip U2893	W. WALuick	State	12873
Secretary Name DEFEK— ENOS			Treasurer Name RAZMANENOS JE		
Street Address Of Church St			Street Address 21 CHURCH ST		
City - Workingk	State	Zip 793	City. WARNICK	State	Zip 0 3-593
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name PAUL SABASTIAN			Director Name Carrier		
Street Address BRIDGE S+			Street Address 140 MA: N ST		
City WARnick	State	Zip 02893	City West WARWick	State FI	Zip 12983
Director Name Claudia SAntos			Oirector Name CHRIStyphen Sons A		
Street Address 14 WEST WARMER AVE City WARMER & ZID 893			Street Address 60 ATWOOD ST.		
W. WARNICK	State	2893	City WARUTCK	State	Zip U2-59-3
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.					
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 Repres	sentative			Date 10/20/21	
Signature of Officer/Authorized Representative					
Signature of Officer/Authorized Representative FILED					
*****			MOV A a see	10160	· · · · · · · · · · · · · · · · · · ·

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

12:52

FORM 631 - Revised: 08/2020