

State of Rhode Island

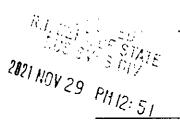
## **Department of State - Business Services Division**

## 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	J STREET	WEST upbuick	RI	02893
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 FAWN LAND		Street Address 70 WAKE Field ST.		
W. Wrewick	State Zip U2893	City War Erick	State	Zip 02873
Secretary Name  DEFEE END		Treasurer Name RAZMINIENOS JEZ		
Street Address 21 CHURCH ST		Street Address 21 CHURCH ST		
City-Workwick	State Zip (2593	City WARNICK	State	Zip 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 W. WARnick	State Zip 02893	City West WARWick	State	1298 3
Director Name Claudio SAntos		Oirector Name CHRISTURAL SONSA		
Street Address 14 WEST WARMER AVE  City WARMER RE 210 893		Street Address 60 ATWOOD ST.		
W. WARNICK	State Zip 893	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 Representative			Date	
RAYMMD END TR Signature of Officer/Authorized Representative				
Signature of Officer/Authorized Representative				
W/				

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