

State of Rhode Island

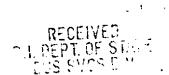
Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2023

→ Filing period February 1 - May 1

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.



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Entity ID Number	2. Exact name of the Corporation			
000030561	UNIAO PORTUGUESA BENEFICENTE, INC			
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island			
RI	Mutual Benefit Society			
4. NAICS Code				
813319 - Other Social Advoca				
6. Principal Office Address		City	State	Zıp
134 Benefit Street		Pawtucket	RI	02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
President Name Paulo MSINA		Vice-President Name Jose Cardo So		
Street Address 634 NEW DUST AND		Street Address 229 Norfolk Ave		
City Paultucket	State Zip CASTE!	City Pawtucket	State	zip Odsrel
Secretary Name Daniel Dasilva		Treasurer Name Haria Fatima Radrigues		
Street Address 60 ETM St.		Street Address 911 County 5+		
City Seekonk	State MA Zip QA771	City Attle boro	State MH	z.003.703
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name Judy Pacheco		Director Name Tose Pereira		
Street Address 45 Urban Are		Street Address 292 Grande More		
City Pawtocket	State PI Zip Constact	City Pawtucket	State PI	Zip Odstel
Director Name Fatma Silva Director Name				
Street Address 239 Norfolk Ave		Street Address		
City Daystucket	State PI ZiDASUI	City	State	Zıp
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		Date	23	
Signature of Officer/Authorized Refresentative 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