



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ 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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BUS SERVICES

2023 MAR 31 12:03

1. Entity ID Number 000030561		2. Exact name of the Corporation UNIAO PORTUGUESA BENEFICENTE, INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Mutual Benefit Society	
4. NAICS Code 813319 - Other Social Advoc			
6. Principal Office Address 134 Benefit Street		City Pawtucket	State RI Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Paulo Dasilva		Vice-President Name Jose Cardoso	
Street Address 634 Newport Ave		Street Address 229 Norfolk Ave	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Secretary Name Daniel Dasilva		Treasurer Name Maria Fatima Rodrigues	
Street Address 60 Elm St.		Street Address 911 County St	
City Seekonk	State MA	City Attleboro	State MA
Zip 02771		Zip 02703	
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 Judy Pacheco		Director Name Jose Pereira	
Street Address 45 Urban Ave		Street Address 292 Grande Ave	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02861	
Director Name Fatima Silva		Director Name	
Street Address 229 Norfolk Ave		Street Address	
City Pawtucket	State RI	City	State
Zip 02861		Zip	
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 Daniel Dasilva		Date 2/21/23	
Signature of Officer/Authorized Representative <i>Daniel Dasilva</i>			

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

MAR 31 2023
BY ML 4419

FORM 631 - Revised: 11/2021