



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY 23 A 11:12

1. Entity ID Number 30570		2. Exact name of the Corporation The Portuguese Colonial Santa Christo Club	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island (Bristol) Membership Club	
4. NAICS Code 813319			
6. Principal Office Address 20 FRANCA DR.		City Bristol	State R.I.
		Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CARLOS Medeiros		Vice-President Name ARTUR Medeiros	
Street Address 20 FRANCA DR.		Street Address 82 HOWLAND Ave.	
City BRISTOL	State R.I.	Zip 02809	City EAST PROV.
			State R.I.
			Zip 02914
Secretary Name John E. TERRA		Treasurer Name Eddie Leite	
Street Address 15 LONGWHARF DR.		Street Address 395 MARKET ST.	
City WARREN	State R.I.	Zip 02885	City WARREN
			State R.I.
			Zip 02885
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 CARLOS Medeiros		Director Name ARTUR Medeiros	
Street Address 20 FRANCA DR.		Street Address 82 HOWLAND Ave.	
City BRISTOL	State R.I.	Zip 02809	City EAST PROV.
			State R.I.
			Zip 02914
Director Name Eddie Leite		Director Name John E. TERRA	
Street Address 395 Maccom Ave.		Street Address 15 LONGWHARF DR	
City WARREN	State R.I.	Zip 02885	City WARREN
			State R.I.
			Zip 02885
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 John E. Terra			Date 5/23/23
Signature of Officer/Authorized Representative <i>John E. Terra</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

MAY 23 2023
BY *[Signature]* / ED 107
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