



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

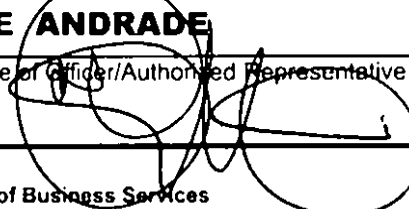
→ Filing Fee: \$20.00

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

FILED

JUL 31 2023

2583

1. Entity ID Number 000030443		2. Exact name of the Corporation Portuguese American Athletic Club			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island MENS CLUB FOR THE BENEFIT OF CHARITY			
4. NAICS Code 813319					
6. Principal Office Address 281 WARREN AVENUE		City EAST PROVIDENCE		State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JOSE ANDRADE			Vice-President Name JOSE TERCEIRA		
Street Address 80 WOOD STREET			Street Address 10 REDLAND AVENUE		
City REHOBOTH	State MA	Zip 02769	City RUMFORD	State RI	Zip 02916
Secretary Name ROBERTO MENESES			Treasurer Name ANTONIO TERCEIRA		
Street Address 697 NO. BROADWAY			Street Address 10 REDLAND AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City RUMFORD	State RI	Zip 02916
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name VICTOR M. FERREIRA			Director Name FERNANDO GONSALVES		
Street Address 65 HAZELWOOD AVENUE			Street Address 87 STATE STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Director Name FRANCISCO MENESES			Director Name CARLOS JORGE		
Street Address 697 NO. BROADWAY			Street Address 183 SUMMIT STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JOSE ANDRADE (President)				Date 7/25/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov