



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS B9D
23 SEP 29 AM 11:19:31

Annual Report for the year: 2024
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.

1. Entity ID Number 000030550		2. Exact name of the Corporation PORTUGUESE BENEFICIAL ASSOC DON LUIS FILIPE			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island HELP THE PORTUGUESE COMMUNITY IN ALL ASPECTS OF LIVING IN THE USA			
4. NAICS Code 813319					
6. Principal Office Address 9 ST ELIZABETH ST			City BRISTOL	State RI	Zip 02809
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARLOS MEDEIROS			Vice President Name BRIAN AVILA		
Street Address 283 MARILET ST			Street Address 9 ST ELIZABETH ST		
City WARREN	State RI	Zip 02805	City BRISTOL	State RI	Zip 02809
Secretary Name SUSAN DIXON			Treasurer Name MARC A CARCE		
Street Address 9 ST ELIZABETH ST			Street Address 9 FRANCISCA LN		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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 VICTOR CARCE			Director Name MARC CARCE		
Street Address 9 ST ELIZABETH ST			Street Address 9 FRANCISCA LN		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name MELVINA MONIZ			Director Name CARLOS MEDEIROS		
Street Address 9 ST ELIZABETH ST			Street Address 283 MARILET ST		
City BRISTOL	State RI	Zip 02809	City WARREN	State RI	Zip 02805
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative MARC A CARCE				Date 9-25-23	
Signature of Officer/Authorized Representative <i>Marc A Carce</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED (CORRECTED) Revised: 04/2023

SEP 29 2023 11:19

BY Y9S3F
AR