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State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS '23 SEP 29 AM11:19:01 DOS FILE

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.

1. Entity ID Number	2. Exact name of the Corporation
000030550	PORTUGUESE BENEFICIAL ASSOCIATION
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	HELP THE PORTUGUESE COMMUNITY IN ALL ASPECTS OF LIVING IN THE USA
4. NAICS Code	
813319	

6. Principal Office Address	City	State	Zip
9 ST. ELIZABETH ST	BRISTOL	RI	02809

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
CARLOS MEDEIROS	BRIAN AVILA
Street Address: 283 MARKET ST	Street Address: 9 ST. ELIZABETH ST
City: WARREN State: RI Zip: 02885	City: BRISTOL State: RI Zip: 02809
Secretary Name	**Treasurer Name**
SUSIE DIXON	MARK CALCE
Street Address: 9 ST. ELIZABETH ST	Street Address: 4 FRANCESCA 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 ☐

Director Name	Director Name
VICTOR PARCE	MARK CALCE
Street Address: 9 ST. ELIZABETH ST	Street Address: 4 FRANCESCA LN
City: BRISTOL State: RI Zip: 02809	City: BRISTOL State: RI Zip: 02809
Director Name	**Director Name**
MELVINA MOUZ	
Street Address: 9 ST. ELIZABETH ST	Street Address
City: BRISTOL State: RI Zip: 02809	City / State / 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	Date
MARK A CALCE	9-25-23
Signature of Officer/Authorized Representative	
Mark Calce	

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

FORM 631- Revised: 04/2023

FILED
SEP 29 2023 11:18
BY Y9S3F