



State of Rhode Island  
Department of State - Business Services Division

**FILED**

APR 23 2024

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.

BY

1. Entity ID Number <b>26463</b>		2. Exact name of the Corporation <b>HOLY GHOST BENEFICIAL BROTHERHOOD of Rhode Island</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE BENEFITS AND INSURANCE TO MEMBERS OF THE ORGANIZATION</b>	
4. NAICS Code <b>813319-OTHER SOCIAL</b>			
6. Principal Office Address <b>51 N. PHILLIPS STREET</b>		City <b>EAST PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02914</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ORLANDO MACHADO</b>		Vice-President Name <b>RICARDO TAVARES</b>	
Street Address <b>35 COTLER ST.</b>		Street Address <b>35 OLLU ST.</b>	
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
Zip <b>02914</b>		Zip <b>02914</b>	
Secretary Name <b>ANA WILLIS</b>		Treasurer Name <b>MARIO CARVALHO</b>	
Street Address <b>42 AVERY ST</b>		Street Address <b>51 MARTELLO ST</b>	
City <b>N. ATTLEBORO</b>	State <b>MA</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
Zip <b>02760</b>		Zip <b>02914</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>MANUEL F SOUSA</b>		Director Name <b>JOSE D. SOUSA</b>	
Street Address <b>1449 S. BROADWAY</b>		Street Address <b>37 BRANTWOOD DR.</b>	
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
Zip <b>02914</b>		Zip <b>02916</b>	
Director Name <b>DAVID DASILVA</b>		Director Name <b>JOSE SILVEIRA</b>	
Street Address <b>46 RILEY DR</b>		Street Address <b>44 HOWLY ST</b>	
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
Zip <b>02915</b>		Zip <b>02914</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>ORLANDO MACHADO</b>			Date <b>4-17-24</b>
Signature of Officer/Authorized Representative 			

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov