



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 17 2025

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

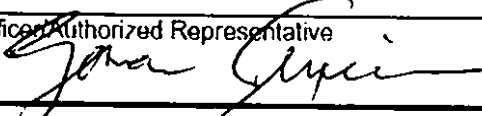
→ Filing Fee: \$20.00

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

BY

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1. Entity ID Number 000161158		2. Exact name of the Corporation Day of Portugal and Portuguese Heritage in RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To honor and celebrate the Portuguese culture and heritage.			
4. NAICS Code 923110					
6. Principal Office Address P.O. BOX 9464			City Providence	State R.I.	Zip 02940
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Ferreira			Vice President Name Liliana Bolarinho		
Street Address 76 Whirlaway Place			Street Address 21 Chauncey Ave.		
City Pawtucket	State RI	Zip 02861	City Rumford	State RI	Zip 02916
Secretary Name Kelly Correia			Treasurer Name Frank Jacinto		
Street Address 76 Whirlaway Place			Street Address 15 Martin St		
City Pawtucket	State RI	Zip 02861	City Cumberland	State RI	Zip 02864
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 Alberto Nunes			Director Name Orlando Mateus		
Street Address 210 Parkside Ave			Street Address 500 Mendon Rd. - Unit 304		
City Pawtucket	State RI	Zip 02861	City Cumberland	State RI	Zip 02864
Director Name Luis Lourenco			Director Name Cesar Teixeira		
Street Address 10 Barbette Dr.			Street Address 6 Oak Hill Dr.		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 Cesar Teixeira, Board member					Date 2/12/2025
Signature of Officer/Authorized Representative 					

MAIL TO:
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