



State of Rhode Island  
Department of State - Business Services Division

FILED

FEB 24 2025

Annual Report for the year: 2025

Non-Profit Corporation

BY 163

- 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 000154391		2. Exact name of the Corporation Cranston Portuguese Club Grupo Folclorico, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Cultural Folklore Dancing Group			
4. NAICS Code 611519 - Other Technica					
6. Principal Office Address 20 Second Avenue			City Cranston	State RI	Zip 02910
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Paulo Ferreira			Vice-President Name Jack Marques		
Street Address 92 Clews St			Street Address 999 Pontiac Ave		
City Pawtucket	State RI	Zip 02861	City Cranston	State RI	Zip 02920
Secretary Name Jose Fonseca			Treasurer Name Carlos Rebelo		
Street Address 120 Orchard St			Street Address 39 Greenwood St		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Rachel F. Cabral			Director Name Maria F. Ferrara		
Street Address 147 Laurens St			Street Address 169 Palace Avenue		
City Cranston	State RI	Zip 02910	City Warwick	State RI	Zip 02886
Director Name Maria L. Cabral			Director Name Victoria G. Venda		
Street Address 147 Laurens St			Street Address 21 Donnelly St.		
City Cranston	State RI	Zip 02910	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.					
<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>Jose Fonseca</b>					Date 2-14-2025
Signature of Officer/Authorized Representative 					