



State of Rhode Island
Department of State - Business Services Division

FILED

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.

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1. Entity ID Number 000029204		2. Exact name of the Corporation WARREN PORTUGUES AMERICAN CLUB			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SOCIAL CLUB			
4. NAICS Code 813410					
6. Principal Office Address 112 ARLINGTON AVE		City WARREN		State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MARC GANLEY			Vice-President Name TODD HEBERT		
Street Address 254 MOUNTFAIR CIR			Street Address 8 HOMESTEAD AVE		
City SWANSEA	State MA	Zip 02777	City WARREN	State RI	Zip 02885
Secretary Name DAVID DANIELSON			Treasurer Name DAVID DANIELSON		
Street Address 161 SEABREEZE LANE			Street Address 161 SEABREEZE LANE		
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 RONALD BLOUIN			Director Name ERIC LEWIS		
Street Address 19 HOMESTEAD AVE			Street Address 1 EVERETT ST		
City WARREN	State RI	Zip 02885	City BRISTOL	State RI	Zip 02809
Director Name GARY COUITT			Director Name JAMES FULTON		
Street Address 2 FAIRMOUNT AVE			Street Address 22 WILLIAM AVE		
City BRISTOL	State RI	Zip 02809	City WARREN	State RI	Zip 02885
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 David Danielson				Date 02/26/25	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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