



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 06 2025

BY

893102

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.

1. Entity ID Number 98076		2. Exact name of the Corporation THE PORTUGUESE AMERICAN POLICE ASSOCIATION OF RHODE ISLAND, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN CIVIC, EDUCATIONAL, INTELLECTUAL AND SOCIAL ENDEAVORS			
4. NAICS Code 813319					
6. Principal Office Address 2417 Mendon Road			City Woonsocket	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NORMAN J. MIRANDA, JR.			Vice-President Name SERGIO DeSOUSA ROSA		
Street Address 141 PLAIN STREET			Street Address 31 ORCHARD STREET		
City REHOBOTH	State MA	Zip 02769	City JOHNSTON	State RI	Zip 02919
Secretary Name DAVID AGUIAR			Treasurer Name NUNO FIGUEIREDO		
Street Address 343 WILLIAMS STREET			Street Address 4 LEYTE ROAD		
City NORTH DIGHTON	State MA	Zip 02764	City LINCOLN	State RI	Zip 02865
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 NORMAN J. MIRANDA, JR.			Director Name JACOB MIRANDA		
Street Address 141 PLAIN STREET			Street Address 139 PLAIN STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Director Name MATTHEW BRAGA			Director Name SERGIO DeSOUSA ROSA		
Street Address 14 MEADOWLARK DRIVE			Street Address 31 ORCHARD STREET		
City REHOBOTH	State MA	Zip 02769	City JOHNSTON	State RI	Zip 02919
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 NORMAN J. MIRANDA, JR., PRESIDENT					Date February 18, 2025
Signature of Officer/Authorized Representative <i>Norman J. Miranda Jr.</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov