State of Rhode Island
Department of State - Business Services Division

FILED
MAR 06 2025
BY 6931 02

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	2. Exact name of the Corporation
98076	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	City	State	Zip
2417 Mendon Road	Woonsocket	RI	02895

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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.

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	Date
NORMAN J. MIRANDA, JR., PRESIDENT	**February 18,2025**

Signature of Officer/Authorized Representative: Norman J. Miranda Jr.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023