



State of Rhode Island  
Department of State - Business Services Division

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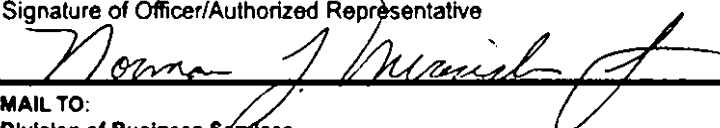
Annual Report for the year: 2025

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

MAIL TO:

Division of Business Services

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