



State of Rhode Island
Department of State - Business Services Division

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

FILED
APR 16 2025
BY 7530 a

1. Entity ID Number <u>000030600</u>		2. Exact name of the Corporation <u>Portuguese holy ghost society of</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>West Warwick</u>	
4. NAICS Code <u>813410</u>		<u>Members Club.</u>	
6. Principal Office Address <u>11 Ventura St</u>		City <u>W. Warwick</u>	State <u>R.I.</u>
		Zip <u>02893</u>	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Domingos E Leite</u>		Vice-President Name <u>Antonio Andrade</u>	
Street Address <u>105 Woodside</u>		Street Address <u>36 Youngs Ave.</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Secretary Name <u>Paul Andrade</u>		Treasurer Name <u>Paul Gaudin</u>	
Street Address <u>92 East Main St. W.W.</u>		Street Address <u>36 TART ST</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02905</u>	
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>John da Estrela</u>		Director Name <u>MANUEL ESTRELA</u>	
Street Address <u>92 East Main St. W.W.</u>		Street Address <u>75 Woodside Av</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>W. Warwick</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Director Name <u>Paul Andrade</u>		Director Name	
Street Address <u>45 Andrews Ave</u>		Street Address	
City <u>West Warwick</u>	State <u>RI</u>	City	State
Zip <u>02893</u>		Zip	
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 state nents, 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 <u>DOMINGOS E LEITE</u>			Date <u>3/8/25</u>
Signature of Officer/Authorized Representative <u>Domingos E Leite</u>			

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