



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

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

MAIL TO:
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