RI SOS Filing Number: 202577061240 Date: 7/21/2025 8:20:00 PM



# State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

- 1. Corporate ID No. 000030520
- 2. Name of Corporation Portuguse American Social and Athletic Club of Georgiaville, R.I.
- 3. State of Incorporation

State: RI

#### **NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

813319

#### 4. Principal Office Address

No. and Street: 26 SPENCER ROAD

City or Town: SMITHFIELD State: RI Zip: 02828 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

#### FRATERNAL, SOCIAL, CHARITABLE

#### 6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	

PRESIDENT	JOHN VALENTINO SILVESTRI MR.	00.00511050.0040	
		26 SPENCER ROAD SMITHFILED, RI 02917 USA	
		SWITHFILED, RI 02917 USA	
PRESIDENT	JOHN VALNTINO SILVESTRI MR	26 SPENCER ROAD	
		GREENVILLE, RI 02828 USA	
TREASURER THOMAS KENNEDY MR		6 DINARO DRIVE	
		ESMOND, RI 02917 USA	
SECRETARY	ROBERT HALBEN MR.	Lomono, in ozon bon	
SECRETARY	ROBERT HALBEN MR.	9 JESSCIA WAY	
		NO ATTLEBORO, MA 02761 USA	
DIRECTOR	STEVE ERBE	4 PATRICIA CIRCLE	
		SMITHFIELD, RI 02917 USA	
PRESIDENT	JOHN V. SILVESTRI		
		26 CREST CIRCLE	
		SMITHFIELD, RI 02917 USA	
FINANCIAL SECRETARY	MATHEW ALLEN MR	581 WOONUSKUTCET AVE	
		NORTH PROVIDENCE, RI 02911 USA	
VICE PRESIDENT	CHRIS KERWIN MR	5 STEVEN STREET	
		GREENVILLE, RI 02828 USA	
PUREATOR	DALII DAGGANG MD	CINELITYTEEE , IN 02020 OOA	
DIRECTOR	PAUL PASSANO MR	LAKESIDE DRIVE	
		SMITHFIELD, RI 02917 USA	
DIRECTOR	NORMAN PINETTE MR	220 DOUGLAS PIKE	
		SMITHFIELD, RI 02917 USA	
DIRECTOR	JEFF E HUYLER MR		
DIRECTOR	JEFF E HOTLEN WIN	14 FENWOOD AVE.	
		ESMOND, RI 02917 USA	

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of July, 2025 at 8:27:22 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

### By <u>JOHN V. SILVESTRI</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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