



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000030508		2. Exact name of the Corporation Portuguese American Federation, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote Portuguese Culture through Education and Charitable Events	
4. NAICS Code 813990			
6. Principal Office Address PO Box 3824		City Newport	State R.I.
		Zip 02840	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name Marco Camacho		Vice-President Name Charles Laranjo	
Street Address 55 Ewart St.		Street Address 12 County St	
City Newport	State RI	City Newport	State RI.
Zip 02840		Zip 02840	
Secretary Name Linda Michaud		Treasurer Name Charles Laranjo	
Street Address 21 Baldwin Rd.		Street Address 12 County St	
City Milltown	State RI.	City Newport	State RI.
Zip 02842		Zip 02840	
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 Francisco Amarel		Director Name Marcos Mollakas	
Street Address 5 Casey Court		Street Address 8 Casey Court	
City Newport	State RI.	City Newport	State RI.
Zip 02840		Zip 02840	
Director Name Linda Michaud		Director Name	
Street Address 21 Baldwin Rd		Street Address	
City Milltown	State RI	City	State
Zip 02842		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Charles J. Laranjo			Date May 8, 2018
Signature of Officer/Authorized Representative <i>Charles J. Laranjo</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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