



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

STAMP

1. Entity ID Number <b>30570</b>		2. Exact name of the Corporation <b>The Portuguese Colonial/Santo Christo Club Bristol</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>Membership club</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>20 FRANCA DR</b>		City <b>Bristol</b>	State <b>R.I.</b>
		Zip <b>02809</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>CARLOS Medeiros</b>		Vice-President Name <b>ARTUR Medeiros</b>	
Street Address <b>20 FRANCA DR</b>		Street Address <b>82 Howland Ave.</b>	
City <b>Bristol</b>	State <b>R.I.</b>	City <b>E. PROV.</b>	State <b>R.I.</b>
Zip <b>02809</b>		Zip <b>02914</b>	
Secretary Name <b>John E. TERRA</b>		Treasurer Name <b>Eddie Leite</b>	
Street Address <b>15 LONGWHARF DR.</b>		Street Address <b>395 Metacom Ave.</b>	
City <b>WARREN</b>	State <b>R.I.</b>	City <b>WARREN</b>	State <b>R.I.</b>
Zip <b>02885</b>		Zip <b>02885</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>CARLOS Medeiros</b>		Director Name <b>John E. TERRA</b>	
Street Address <b>20 FRANCA DR</b>		Street Address <b>15 LONGWHARF DR.</b>	
City <b>Bristol</b>	State <b>R.I.</b>	City <b>WARREN</b>	State <b>R.I.</b>
Zip <b>02809</b>		Zip <b>02885</b>	
Director Name <b>ARTUR Medeiros</b>		Director Name <b>Eddie Leite</b>	
Street Address <b>82 Howland Ave.</b>		Street Address <b>395 Market St.</b>	
City <b>E. PROV.</b>	State <b>R.I.</b>	City <b>WARREN</b>	State <b>R.I.</b>
Zip <b>02914</b>		Zip <b>02885</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>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative <b>John E. TERRA</b>			Date <b>7/19/21</b>
Signature of Officer/Authorized Representative <i>John E. Terra</i>			

FILED

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

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BY CU XAT8J  
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