



State of Rhode Island
Department of State - Business Services Division

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2022 MAR 21 A 8:53

Annual Report for the year: **2022**

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 00029639		2. Exact name of the Corporation CLUBE SOCIAL PORTUGUES, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A scioial organization for the advancement of the Portuguese heritage language and customs			
4. NAICS Code 813319 - Other Social Advoca <input type="checkbox"/>					
6. Principal Office Address 174 Portugues Social Club Way		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rui Azeredo		Vice-President Name Joao Nelson Monteiro			
Street Address 11 Salisbury St		Street Address 95 Park Place # 201			
City Rehoboth	State MA	Zip 02769	City Pawtucket	State RI	Zip 02860
Secretary Name Miguel De Almeida		Treasurer Name Jose Borges			
Street Address 128 Wamsett Ave		Street Address 205 Shuman Ave			
City Cumberland	State RI	Zip 02801	City Seekonk	State MA	Zip 02771
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 Phillip Ferreira		Director Name Jose E Tavares			
Street Address 30 Millbury St		Street Address 73 Clifford St			
City New Bedford	State MA	Zip 02744	City Pawtucket	State RI	Zip 02861
Director Name Antonio Gomes		Director Name Jeffrey Fonseca			
Street Address 127 Zoon St		Street Address 31 William St			
City Attleboro	State MA	Zip 02703	City Pawtucket	State RI	Zip 02861
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<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 Miguel De Almeida				Date 02/24/22	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
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Website: www.sos.ri.gov

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