



Department of State - Business Services Division

FILED

STATE

Annual Report for the year: 2022
 Non-Profit Corporation

APR 13 2022

BY [Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000030600</u>		2. Exact name of the Corporation <u>Portuguese Day Ghost Society of West Warwick</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Members Club</u>	
4. NAICS Code <u>82410</u>			
6. Principal Office Address <u>11 VENTURA ST</u>		City <u>WEST WARWICK</u>	State <u>RI</u>
		Zip <u>02893</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Dominick Chik</u>		Vice-President Name <u>RICHARD DEUS</u>	
Street Address <u>105 Woodside Ave</u>		Street Address <u>29 HARMONY ST</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Secretary Name <u>Paul Danneels</u>		Treasurer Name <u>PAUL GARCIA</u>	
Street Address <u>12 WILKINSON ST</u>		Street Address <u>36 TAFT ST</u>	
City <u>W.W.</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02905</u>	
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 <u>José Rego</u>		Director Name <u>JOSÉ FRANCISCO</u>	
Street Address <u>113 O'RAHILY ROAD</u>		Street Address <u>19 TAMM REWOOD</u>	
City <u>COVENTRY</u>	State <u>RI</u>	City <u>APT WEST WARWICK</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02893</u>	
Director Name <u>MIGUEL CORREIA</u>		Director Name	
Street Address <u>190 SMITH ST</u>		Street Address	
City <u>WARWICK</u>	State <u>RI</u>	City	State
Zip <u>02886</u>		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 statements, and that all statements contained herein are true and correct.			
<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 <u>PAUL GARCIA</u>		Date <u>4/10/22</u>	
Signature of Officer/Authorized Representative <u>Paul Garcia</u>			

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