



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 18 2022

BY

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Annual Report for the year:
Non-Profit Corporation

2022

- 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 26463		2. Exact name of the Corporation HOLY GHOST BENEFICIAL BROTHERHOOD OF RI			
3. State of Incorporation RI		5. Brief/description of the character of business conducted in Rhode Island TO PROVIDE BENEFITS AND INSURANCE TO MEMBER OF THE ORGANIZATION.			
4. NAICS Code 813319 - OTHER SOCIAL					
6. Principal Office Address 51 N. PHILLIPS STREET		City EAST PROVIDENCE	State RI	Zip 02914	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MANUEL F SOUSA		Vice-President Name			
Street Address 1449 S. BEDFORD		Street Address NORBERTO ALBUA			
City EAST PROVIDENCE	State RI	Zip 02914	City 293 WARREN AVE	State RI	Zip 02914
Secretary Name NUNO BRANCO		Treasurer Name MARIO CALVALHO			
Street Address 40 ANTHONY ST		Street Address 51 MARTELLO ST			
City EAST PROV.	State RI	Zip 02914	City EAST PROV.	State RI	Zip 02914
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 ORLANDO MACIADO		Director Name JOSE DINIZ SOUSA			
Street Address 35 COTTLE ST		Street Address 37 BRENTWOOD DR			
City EA. PROV.	State RI	Zip 02914	City RUMFORD	State RI	Zip 02916
Director Name DAVID DA SILVA		Director Name JOSE SILVEIRA			
Street Address 46 RILEY DR		Street Address 44 MOWSEY AVE			
City EA. PROV.	State RI	Zip 02915	City EAST PROV.	State RI	Zip 02914
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative MANUEL F SOUSA					Date 4-28-22
Signature of Officer/Authorized Representative <i>MANUEL F SOUSA</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov