



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2022
 Non-Profit Corporation

- 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 30570		2. Exact name of the Corporation The Portuguese Colonial Santo Christo Club BRISTOL			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island (Membership Club			
4. NAICS Code 813319					
6. Principal Office Address 20 FRANCA DR.		City BRISTOL	State R.I.	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARLOS medeiros			Vice-President Name ARTUR medeiros		
Street Address 20 FRANCA DR.			Street Address 82 Howland Ave.		
City BRISTOL	State R.I.	Zip 02809	City EAST PROV.	State R.I.	Zip 02914
Secretary Name John C. TERRA			Treasurer Name Eddie Leite		
Street Address 15 LONGWHARF DR.			Street Address 395 Market St.		
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
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 CARLOS medeiros			Director Name ARTUR medeiros		
Street Address 20 FRANCA DR.			Street Address 82 Howland Ave.		
City BRISTOL	State R.I.	Zip 02809	City EAST PROV.	State R.I.	Zip 02914
Director Name Eddie Leite			Director Name John C. TERRA		
Street Address 395 (Market St.			Street Address 15 LONGWHARF DR.		
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
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 John C. TERRA					Date 5/20/22
Signature of Officer/Authorized Representative <i>John C. 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

MAY 20 2022
 BY *John C. Terra*