



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

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

FILED
APR 10 2023
BY JUS31
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1. Entity ID Number 000030600		2. Exact name of the Corporation Portuguese Day Ghost Society	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island West Warwick	
4. NAICS Code 83410		MEMBERS CLUB	
6. Principal Office Address 11 VENTURA ST		City West Warwick	State RI
		Zip 02893	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Damiano Chik		Vice-President Name RICHARD DEUS	
Street Address 105 Woodside Apt		Street Address 29 HARMONY ST	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
Secretary Name Paul Danneels		Treasurer Name PAUL GARCIA	
Street Address 12 WILKINSON ST		Street Address 36 TAFT ST	
City W.W.	State RI	City CRANSTON	State RI
Zip 02893		Zip 02905	
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 Jose Rego		Director Name JOSE FRANCISCO	
Street Address 113 CHARLE ROAD		Street Address 19 TAMS LEWOOD	
City COVENTRY	State RI	City APT WEST WARWICK	State RI
Zip 02816		Zip 02893	
Director Name MIGUEL CORREIA		Director Name	
Street Address 190 SMITH ST		Street Address	
City WARWICK	State RI	City	State
Zip 02886		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative PAUL GARCIA		3/15/23	
Signature of Officer/Authorized Representative <i>Paul Garcia</i>			