



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023

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.

APR 28 2023
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| | | | | | |
|---|--------------------|--|--|--------------------|------------------------|
| 1. Entity ID Number <u>26463</u> | | 2. Exact name of the Corporation <u>HOLY GHOST BENEFICIAL BROTHERHOOD of RI</u> | | | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>TO PROVIDE BENEFITS AND INSURANCE TO MEMBERS OF THE ORGANIZATION</u> | | | |
| 4. NAICS Code <u>813319- OTHER SOCIAL</u> | | | | | |
| 6. Principal Office Address <u>51 N. PHILLIPS STREET</u> | | | City <u>EAST PROVIDENCE</u> | State <u>RI</u> | Zip <u>02914</u> |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>MANUEL F SOUSA</u> | | | Vice-President Name <u>ROBERTO ABRUDA</u> | | |
| Street Address <u>1449 S. BROADWAY</u> | | | Street Address <u>293 WARREN AVE</u> | | |
| City <u>EAST PROVIDENCE</u> | State <u>RI</u> | Zip <u>02914</u> | City <u>EAST PROVIDENCE</u> | State <u>RI</u> | Zip <u>02914</u> |
| Secretary Name <u>MUNO BRANCO</u> | | | Treasurer Name <u>MARIO CALVALHO</u> | | |
| Street Address <u>40 ANTHONY ST.</u> | | | Street Address <u>51 MARCELO ST</u> | | |
| City <u>EAST PROVIDENCE</u> | State <u>RI</u> | Zip <u>02914</u> | City <u>EAST PROV.</u> | State <u>RI</u> | Zip <u>02914</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>OLLANNO MARILDO</u> | | | Director Name <u>JOSE J. SOUSA</u> | | |
| Street Address <u>35 COTTAGE ST</u> | | | Street Address <u>37 BENTWOOD DR</u> | | |
| City <u>EAST PROV</u> | State <u>RI</u> | Zip <u>02914</u> | City <u>37 BENTWOOD DR</u> | State <u>RI</u> | Zip <u>02916</u> |
| Director Name <u>DAVID DA SILVA</u> | | | Director Name <u>JOSE SILVEIRA</u> | | |
| Street Address <u>46 RILEY DR</u> | | | Street Address <u>44 HOWLEY ST</u> | | |
| City <u>EAST PROV</u> | State <u>RI</u> | Zip <u>02915</u> | City <u>EAST PROVID</u> | State <u>RI</u> | Zip <u>02914</u> |
| 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>MANUEL F SOUSA</u> | | | | | Date <u>4-22-23</u> |
| Signature of Officer/Authorized Representative <u>Manuel F Sousa</u> | | | | | |

MAIL TO:
 Division of Business Services
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