



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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Annual Report for the year: 2024
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 00029639		2. Exact name of the Corporation CLUBE SOCIAL PORTUGUES, INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A SOCIAL ORGANIZATION FOR THE ADVANCEMENT OF THE PORTUGUESE HERITAGE LANGUAGE AND COSTUMES			
4. NAICS Code 813319					
6. Principal Office Address 174 Portuguese Social Club Way			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rui Azevedo			Vice-President Name Nelson Monteiro		
Street Address 94 PLAIN ST			Street Address 95 Peuk Place #201		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Miguel De Almeida			Treasurer Name Jose Borges		
Street Address 128 Waumsett Ave			Street Address 205 Sherman Ave		
City Cumberland	State RI	Zip 02864	City Seekonk	State MA	Zip 02771
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 Victor SARAIVA			Director Name Antonio Gomes		
Street Address 170 Willard Ave			Street Address 127 Zoar Ave		
City Seekonk	State MA	Zip 02771	City Attleboro	State MA	Zip 02703
Director Name João Enes			Director Name		
Street Address 39 Vernon St			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	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.					
<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 Miguel De Almeida					Date 02/04/23
Signature of Officer/Authorized Representative <i>Miguel De Almeida</i>					FILED MAR 22 2024 BY ML 6547

MAIL TO:
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