



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 27 2024

BY *[Signature]*

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 000030600		2. Exact name of the Corporation Portuguese Holy Ghost Society			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SPRING MEMBERS CLUB.			
4. Name of Corporation SPRING 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 DOMINGOS C LITE		Vice-President Name RICHARD DEUS			
Street Address 105 WOODSIDE AVE		Street Address 29 HARMONY ST			
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name PAULA JANNETT		Treasurer Name PAUL GARCIA			
Street Address 12 WALKFIELD ST		Street Address 36 TAFT ST			
City W.W.	State RI	Zip 02893	City CRAVSTON	State RI	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 Gina Andrade		Director Name Theresa Estrela			
Street Address 92 East Main St.		Street Address 20 East Main St			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Tony Andrade		Director Name			
Street Address 34 Youngs Ave		Street Address			
City West Warwick	State RI	Zip 02893	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.					
<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 President				Date 3/18/24	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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