



State of Rhode Island
Department of State - Business Services Division

FILED

APR 23 2024

BY

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 26463		2. Exact name of the Corporation HOLY GHOST BENEFICIAL BROTHERHOOD of Rhode Island	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE BENEFITS AND INSURANCE TO MEMBERS OF THE ORGANIZATION	
4. NAICS Code 813319-OTHER SOCIAL			
6. Principal Office Address 51 N. PHILLIPS STREET		City EAST PROVIDENCE	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ORLANDO MACHADO		Vice-President Name RICARDO TAVARES	
Street Address 35 COTLER ST.		Street Address 35 OLLU ST.	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
Secretary Name ANA WILLIS		Treasurer Name MARIO CARVALHO	
Street Address 42 AVERY ST		Street Address 51 MARTELLO ST	
City N. ATTLEBORO	State MA	City EAST PROVIDENCE	State RI
Zip 02760		Zip 02914	
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 MANUEL F SOUSA		Director Name JOSE D. SOUSA	
Street Address 1449 S. BROADWAY		Street Address 37 BRANTWOOD DR.	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02916	
Director Name DAVID DASILVA		Director Name JOSE SILVEIRA	
Street Address 46 RILEY DR		Street Address 44 HOWLY ST	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02915		Zip 02914	
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 ORLANDO MACHADO			Date 4-17-24
Signature of Officer/Authorized Representative 			

MAIL TO:
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