



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 567708		2. Exact name of the Corporation COMMUNITY SPORTS ACADEMY			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island KARATE SCHOOL			
5. Principal office address P.O. BOX 27586		City PROVIDENCE	State R.T.	Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒					
President Name ANGE ERAZO		Vice-President Name MAGDALENO SANTANA			
Street Address 278 PROVIDENCE AV.		Street Address 9 PARKIS PL.			
City RIVERSIDE	State R.T.	Zip 02915	City PROVIDENCE	State R.T.	Zip 02907
Secretary Name NILSA MICHEL LEONARDO		Treasurer Name			
Street Address 278 PROVIDENCE AV.		Street Address			
City RIVERSIDE	State R.T.	Zip 02915	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (X) BOX FOR ATTACHMENT ☒					
Director Name ANGE ERAZO		Director Name MAGDALENO SANTANA			
Street Address 278 PROVIDENCE AV.		Street Address 9 PARKIS PL.			
City RIVERSIDE	State R.T.	Zip 02915	City PROVIDENCE	State R.T.	Zip 02907
Director Name NILSA MICHEL LEONARDO		Director Name			
Street Address 278 PROVIDENCE AV.		Street Address			
City RIVERSIDE	State R.T.	Zip 02915	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUL 31 2013

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.

Signature of Officer

Date

Print or Type Name of Officer

File Date
Check No.
By
OFFICE SECRETARY OF STATE USE ONLY