



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000559654

2. Name of Corporation World Class Taekwondo Research Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 5955 POST ROAD

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 5955 POST RD

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO EMPOWER AND EDUCATE TODAY'S YOUTH ON THE BENEFITS OF MARTIAL ARTS TRAINING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JIN R HONG M	5955 POST RD NORTH KINGSTOWN, RI 02852 USA
SECRETARY	DONNA AUBIN F	1057 COWESETT RD WARWICK, RI 02886 USA

VICE PRESIDENT	YONG JIN JIN M	21 TALL TIMBERS DR HOPE VALLEY, RI 02832 USA
DIRECTOR	KYU M HONG F	21 ORCHARD VALLEY DR CRANSTON, RI 02921 USA
DIRECTOR	GEORGE HWANG	5944 POST ROAD NORTH KINTGSTOWN, RI 02852 USA
DIRECTOR	JIN R HONG M	21 ORCHARD VALLEY DR CRANSTON, RI 02921 UNI

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JIM RAY HONG 5955 POST ROAD NORTH KINGSTOWN , RI 02852

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of May, 2014 at 4:00:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JIN HONG
Signature of Authorized Person

Form No. 631
Revised 09/07