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

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.	2. Exact name of the Corporation
136116	Rhode Island Saizen Goju Ryu Karate-Do
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I	teaching the discipline of martial arts to children and get involve him in activities after school and keep it off the street

5. Principal office address	City	State	Zip
100 Niagara st	providence	R.I	02907

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Jose Elias Ramirez			Isabel Vargas		
Street Address			Street Address		
239 Broadway			1 Valley st apt # 202		
City	State	Zip	City	State	Zip
Fall River	Ma	02721	Providence	R.I	02909
Secretary Name			Treasurer Name		
Angel Erazo			Lourdes Ramirez		
Street Address			Street Address		
278 Providence Av			239 Broadway		
City	State	Zip	City	State	Zip
Riverside	R.I	02915	Fall River	Ma	02721

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Angel Erazo			Alexis Valerio		
Street Address			Street Address		
278 Providence Av			77 Michell St		
City	State	Zip	City	State	Zip
Riverside	R.I	02915	Providence	R.I	02907
Director Name			Director Name		
Fausto Garcia					
Street Address			Street Address		
85 Marion st					
City	State	Zip	City	State	Zip
Providence	R.I	02905			

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, duly Authorized Representative, Receiver or Trustee

2014 MAY 28 PM 1:17
SECRETARY OF STATE
CORPORATIONS DIV

File Date _____

Check No _____

By: _____

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.

Angel Erazo 5/28/2014
Signature of Officer or Authorized Representative Date

Angel Erazo
Print or Type Name of Officer or Authorized Representative

FOR SECRETARY OF STATE USE ONLY FILED

MAY 28 2014 1:20 PM

By 225067 KMC

Form No. 631
Revised: 04/2014