



**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 20 11**

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. <b>136116</b>		2. Exact name of the Corporation <b>Rhode Island Saizen Goju Ryu Karate-Do</b>			
3. State of Incorporation <b>R.I</b>		4. Brief description of the character of business conducted in Rhode Island <b>teaching the discipline of martial arts to children and get involve him in activities after school and keep it off the street</b>			
5. Principal office address <b>100 Niagara st</b>		City <b>providence</b>		State <b>R.I</b>	Zip <b>02907</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Jose Elias Ramirez</b>			Vice-President Name <b>Isabel Vargas</b>		
Street Address <b>239 Broadway</b>			Street Address <b>1 Valley st apt # 202</b>		
City <b>Fall River</b>	State <b>Ma</b>	Zip <b>02721</b>	City <b>Providence</b>	State <b>R.I</b>	Zip <b>02909</b>
Secretary Name <b>Angel Erazo</b>			Treasurer Name <b>Lourdes Ramirez</b>		
Street Address <b>278 Providence Av</b>			Street Address <b>239 Broadway</b>		
City <b>Riverside</b>	State <b>R.I</b>	Zip <b>02915</b>	City <b>Fall River</b>	State <b>Ma</b>	Zip <b>02721</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Angel Erazo</b>			Director Name <b>Alexis Valerio</b>		
Street Address <b>278 Providence Av</b>			Street Address <b>77 Michell St</b>		
City <b>Riverside</b>	State <b>R.I</b>	Zip <b>02915</b>	City <b>Providence</b>	State <b>R.I</b>	Zip <b>02907</b>
Director Name <b>Fausto Garcia</b>			Director Name		
Street Address <b>85 Marion st</b>			Street Address		
City <b>Providence</b>	State <b>R.I</b>	Zip <b>02905</b>	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.					

MAY 28 PM 1:17  
 DEPARTMENT OF STATE  
 CORPORATIONS DIV

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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

Form No. 631  
 Revised: 04/2014

**FILED**

MAY 28 2014

By 225067 1:18 pm

KMC