State of Rhode Island and Providence Plantations

# Department of State - Business Services Division

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2017 JUL 10 PM 2:06

**Annual Report for the year:** 2017

**Non-Profit Corporation**

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

| | |
|---|---|
| 1. Entity ID Number: 521685 | 2. Exact name of the Corporation: Rhode Island KungFu & Lion Dance Club |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: -foster positwe character traits & enhance health of Pvd-area Youth |
| 4. NAICS Code: 624110 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 193 Morris Ave | Prvd | RI | 02906 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Luyi Shao | | | Vice-President Name | | |
| Street Address: 193 Morris Ave | | | Street Address | | |
| City: Prvd | State: RI | Zip: 02906 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Jemfer Lare | | | Director Name: Charles Meadows | | |
| Street Address: 193 Morris Ave | | | Street Address: 3615 S Taylor St. | | |
| City: Prvd | State: RI | Zip: 02906 | City: Carlingtn | State: VA | Zip: 22206 |
| Director Name: Penelope Lane | | | Director Name | | |
| Street Address: 20 Bridge Rd. | | | Street Address | | |
| City: Northampton | State: MA | Zip: 01060 | City | State | Zip |

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.***

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

| Name of Officer/Authorized Representative | Date |
|---|---|
| Luyi Shao | 7/10/17 |

Signature of Officer/Authorized Representative: Luyi Shao

**FILED**
JUL 10 2017
BY 1726302

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 631 - Revised: 06/2017