RI SOS Filing Number: 201859215340 Date: 2/27/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
2018 FEB 27 PM 1:39

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
71926	DON RODRIGUES KARATE ACADEMY, LTD.			
3. Principal Office Address		City	State	Zip
190 COMMERCE DRIVE, SUITE 200		WARWICK	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
611620	TO INSTRUCT AND TRAIN STUDENTS IN THE MARTIAL ARTS AND OTHER AFFILIATED AND RELATED SERVICES			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: DONALD P. RODRIGUES			Vice-President Name: CHRISTINE B. RODRIGUES		
Street Address: P.O. BOX 6120			Street Address: P.O. BOX 6120		
City: WARWICK	State: RI	Zip: 02887	City: WARWICK	State: RI	Zip: 02887
Secretary Name: DONALD P. RODRIGUES			Treasurer Name: CHRISTINE B. RODRIGUES		
Street Address: P.O. BOX 6120			Street Address: P.O. BOX 6120		
City: WARWICK	State: RI	Zip: 02887	City: WARWICK	State: RI	Zip: 02887

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	$1.00 PAR VALUE

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative: CHRISTINE B. RODRIGUES, VICE-PRESIDENT

Date: 2-19-18

Signature of Authorized Representative: Christine B. Rodrigues SIGN DOCUMENT HERE

FILED
FEB 27 2018
BY 325378

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 630 - Revised: 10/2017