

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: **2018**

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.

FILED

MAY 31 2018

BY

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1. Entity ID Number 27696		2. Exact name of the Corporation NORTH AMERICAN UECHI KARATE ASSOCIATION, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Training, Testing and Promoting Students in Uechi-Ryu Karate			
4 NAICS Code 611620					
6. Principal Office Address 44 East Ave. 2nd, Floor			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Everett E. Crisman			Vice-President Name		
Street Address 83 Winter Court			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Daniel Bandieri			Treasurer Name Robert Lapointe		
Street Address 85 Kennedy Circle			Street Address 225 Newman Ave.		
City W. Hyannisport	State MA	Zip 02601	City Rumford	State RI	Zip 0916
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Everett E. Crisman			Director Name Robert Lapointe		
Street Address 83 Winter Court			Street Address 225 Newman Ave.		
City Woonsocket	State RI	Zip 02895	City Rumford	State RI	Zip 02916
Director Name Daniel Bandieri			Director Name		
Street Address 85 Kennedy Circle			Street Address		
City W. Hyannisport	State RI	Zip 02601	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Robert Lapointe					Date
Signature of Officer/Authorized Representative <i>Robert Lapointe</i>					PRINT NAME AND HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov