



RI SOS Filing Number: 201983972230 Date: 1/7/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILEDAnnual Report for the year: 2018
Corporation

JAN 07 2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY [Signature]

1. Entity ID Number <u>1669549</u>		2. Exact name of the Corporation <u>RI US Taekwondo Center INC.</u>	
3. Principal Office Address <u>1441 Elmwood Ave.</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
4. NAICS Code <u>812990</u>	6. Brief description of the character of business conducted in Rhode Island <u>Martial Art After school.</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Keun HAN</u>		Vice-President Name	
Street Address <u>1441 Elmwood Ave.</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>200</u>	<u>0</u>
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 <u>KEUN HAN</u>		Date <u>1/4/2019</u>	
Signature of Authorized Representative <u>[Signature]</u>		SIGNATURE DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov