



RI SOS Filing Number: 202033200910 Date: 1/27/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED STAMP

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|--|--------------------|--|-----------------------------|------------------------|---------------------|
| 1. Entity ID Number 129812 | | 2. Exact name of the Corporation American Dragon Karate School, Inc. | | | |
| 3. Principal Office Address P.O. Box 462 | | City Saunderstown | | State RI | Zip 02874 |
| 4. NAICS Code 713940 | | 6. Brief description of the character of business conducted in Rhode Island To operate a martial arts school | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Vicki L. Dorfman | | Vice-President Name Vicki L. Dorfman | | | |
| Street Address P.O. Box 462 | | Street Address P.O. Box 462 | | | |
| City Saunderstown | State RI | Zip 02874 | City Saunderstown | State RI | Zip 02874 |
| Secretary Name Vicki L. Dorfman | | Treasurer Name Vicki L. Dorfman | | | |
| Street Address P.O. Box 462 | | Street Address P.O. Box 462 | | | |
| City Saunderstown | State RI | Zip 02874 | City Saunderstown | State RI | Zip 02874 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | 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 | | 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 |
| | | 100 | | Common | No 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 Vicki L. Dorfman, President | | | | Date 1/14/20 | |
| Signature of Authorized Representative <i>Vicki L. Dorfman</i> SIGN DOCUMENT HERE | | | | | |

MAIL TO:

Division of Business Services

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