



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

Annual Report for the year: 2020
Corporation

FILED STAMP
JAN 27 2020

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

1585

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.						
<i>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>						
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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 Website: www.sos.ri.gov