



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

Annual Report for the year: 2019
 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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 JUL 22 PM 12:16

1. Entity ID Number 136116		2. Exact name of the Corporation RHODE ISLAND SAIZEN GOJU KYU KARATE - DO	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island OUR MISSION IS TO TRAIN CHILDREN AND YOUNG PEOPLE TO STAY IN GOOD HEALTH AND TO BE AN EXAMPLE IN OUR COMMUNITY WITH RESPECT AND DISCIPLINE	
4. NAICS Code 624190			
6. Principal Office Address 100 Niagara St		City PROV.	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jose Elias Ramirez		Vice-President Name Jose De la Rosa	
Street Address 239 Broadway		Street Address 1352 Eddy St	
City Fall River	State MA	City PROV	State RI
Zip 02721		Zip 02905	
Secretary Name Joselyn Duarte		Treasurer Name	
Street Address 191 Canton St		Street Address	
City PROV.	State RI	City	State
Zip 02909		Zip	
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 Angel Frazo		Director Name Jose Elias Ramirez	
Street Address 289 Dudley St		Street Address 239 Broadway	
City PROV.	State RI	City Fall River	State MA
Zip 02905		Zip 02721	
Director Name Favisto Garcia		Director Name	
Street Address 52 Otis St		Street Address	
City PROV.	State RI	City	State
Zip 02905		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Jose Elias Ramirez		Date 7/22/2020	
Signature of Officer/Authorized Representative <i>[Signature]</i>		FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUL 22 2020
 BY 910 RG
 A.A. 12:19 A.M.