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.

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1. Entity ID Number: 136116	2. Exact name of the Corporation: Rhode Island Saizen Goju Ryu 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 ☐

President Name: Jose Elias Ramirez	Vice-President Name: Jose De la Rosa
Street Address: 239 Broadway	Street Address: 1332 Eddy St
City: Fall River / State: MA / Zip: 02721	City: Prov / State: RI / Zip: 02905
Secretary Name: Joselyn Duarte	Treasurer Name:
Street Address: 191 Granton St	Street Address:
City: Prov. / State: RI / Zip: 02909	City: / State: / Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Angel Enazo	Director Name: Jose Elias Ramirez
Street Address: 289 Dudley St	Street Address: 239 Broadway
City: Prov. / State: RI / Zip: 02905	City: Fall River / State: MA / Zip: 02721
Director Name: Fausto Garcia	Director Name:
Street Address: 52 Ohai St	Street Address:
City: Prov. / State: RI / Zip: 02905	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative: Jose Elias Ramirez
Date: 7/22/2020
Signature of Officer/Authorized Representative:

FILED
JUL 22 2020
BY 9186
A.A. 12:19 A.M.

MAIL TO:
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