



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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

Annual Report for the year: 2018  
 Non-Profit Corporation

2020 JUL 22 PM 12:17

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>136116</b>		2. Exact name of the Corporation <b>RHODE ISLAND SAIZEN GYU RYU Karate-DO</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>OUR MISSION IS TO TRAINING Children And young People WITHIN OUR HEALTHY COMMUNITY IN SPORT AND DISCIPLINE</b>	
4. NAICS Code <b>624190</b>			
6. Principal Office Address <b>100 NIAGARA ST</b>		City <b>PROV.</b>	State <b>RI</b>
		Zip <b>02905</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jose Elias Ramirez</b>		Vice-President Name <b>JOSE DE LA ROSA</b>	
Street Address <b>239 BROADWAY</b>		Street Address <b>1352 EDDY ST</b>	
City <b>FALL RIVER</b>	State <b>MA</b>	City <b>PROV.</b>	State <b>RI</b>
Zip <b>02721</b>		Zip <b>02905</b>	
Secretary Name <b>Joselyn Duarte</b>		Treasurer Name	
Street Address <b>191 CRANTON ST APT E3</b>		Street Address	
City <b>PROV.</b>	State <b>RI</b>	City	State
Zip <b>02909</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Angel Frazo</b>		Director Name <b>Jose Elias Ramirez</b>	
Street Address <b>289 DUDLEY ST</b>		Street Address <b>239 BROADWAY</b>	
City <b>PROV.</b>	State <b>RI</b>	City <b>FALL RIVER</b>	State <b>MA</b>
Zip <b>02905</b>		Zip <b>02721</b>	
Director Name <b>FAUSTO GARCIA</b>		Director Name	
Street Address <b>52 OTTOMI</b>		Street Address	
City <b>PROV.</b>	State <b>RI</b>	City	State
Zip <b>02905</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <b>Jose Elias Ramirez</b>		Date <b>7/22/2020</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

**FILED**

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

JUL 22 2020  
 BY 91016 A.A.  
 12:18 p.m.  
 FORM 631 - Revised: 03/2019