RI SOS Filing Number: 202190171430 Date: 2/5/2021 1:47:00 PM State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2021 R.I. DEPT. OF STATE Corporation → Filing period: January 1 - March 1 2021 FEB - 5 PM 1:44 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number 2. Exact name of the Corporation 713827 Narragansett Bay Budokai, Inc 3. Principal Office Address City State 1051 Ten Rod Road Unit 8 North Kingstown RI 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 611620 karate studio 5. State of Incorporation RI 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Robert C Benner IV Vice-President Name NA Street Address 1051 Ten Rod Road Unit 8 Street Address Stale RI ^{Zip}02852 City State Zip North Kingstown Secretary Name Robert C Benner IV Treasurer Name Robert C Benner IV Street Address 1051 Ten Rod Road Unit 8 Street Address 1051 Ten Rod Road Unit 8 State RI State RI City North Kingstown Zip 02852 Žip 02952 ^{City} North Kingstown 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name NA Director Name Street Address Street Address City City State Zip State Zip Director Name Director Name Street Address Street Address City State Zip City State Zip 10. Shares Issued Check the box to indicate an attachment 9. Shares Authorized This information is currently of record in the NUMBER OF SHARES CLASS/SERIES Department of State. 400 Common Class V \$1.00 Changes require an additional filing. 600 Common Class N \$1.00 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 Date Robert C. Benner IV 12/31/2020 Signature of Authorized Representative MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 5 2021 1:47

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