State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2019
Corporation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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	Penalty: Additional \$25.00 fee if form is not filed by April 1.							
1. Entity ID Number 713827		2. Exact name of the Corporation Narragansett Bay Budokai, Inc						
3. Principal Office Address 1051 Ten Rod Road Unit 8		City North Kingstown		State RI	Zip 02852			
4. NAICS Code 611620 5. State of Incorporation		6. Brief description of the character of business conducted in Rhode Island karate studio						
RI								
7. List ALL officers (names and	d addresses)			Che	ck the box to	indicate an attachment		
President Name Robert C Benner IV			Vice-President	Vice-President Name NA				
Street Address 1051 Ten Rod R	oad Unit 8	··	Street Address	Street Address				
City North Kingstown	State RI	^{Zip} 02852	City		State	Zlp		
Secretary Name Robert C Benne	er IV		Treasurer Nam	Treasurer Name Robert C Benner IV				
Street Address 1051 Ten Rod Road Unit 8		Street Address 1051 Ten Rod Road Unit 8						
City North Kingstown	State RI	Zip ₀₂₈₅₂	City North Kingstown		State RI	Z ^{ip} 02952		
8. List ALL directors (names a	nd addresses)			Che	ck the box to	indicate an attachment		
Director Name NA			Director Name	,				
Street Address	 		Street Address	<u> </u>				
City	State	Zip	City		State	Zip		
Director Name			Director Name	Director Name				
Street Address			Street Address	Street Address				
City	State	Zio	City		State	Zip		
9. Shares Authorized		10. Shares Is	I L Jude Check the box to indicate an attachment.					
This information is currently of	record in the	NUMBER C	F SHARES					
Changes require an additional filing.		400	400		Common Class V			
		600			Common Class N \$1.0			
 This report must be execut trustee, this report must be ex 	<u>ecuted on behalf o</u>	I the corporation by	the receiver or tr	ustee.				
Under penalty of perjury, I d	eclare and affirm	that i have examir I herein are true a	ned this report, is not correct	ncluding any ace	companying	schedules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date		
Robert C. Benner IV					12/31/2	12/31/2020		
Signature of Authorized Repre	esentalive	1		-14 ED	-			
MAIL TO:				- HT ICA	116	· · · · · · · · · · · · · · · · · · ·		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov