



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001706242

2. Name of Corporation The United Community Martial Arts Institute of RI

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 550 BRANCH AVE
City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE UNITED COMMUNITY MARTIAL ARTS INSTITUTE, IS A MULTI-DISCIPLINARY MARTIAL ARTS SCHOOL. ALL OF OUR PROGRAMS ARE DESIGNED TO BE ACCESSIBLE TO BEGINNERS, CHILDREN, FAMILIES, AND INDIVIDUALS OF ALL AGES WHILE INSPIRING AND CHALLENGING NEWCOMERS AND SEASONED MARTIAL ARTISTS ALIKE TO NEW LEVELS OF STRENGTH, FLEXIBILITY, ENDURANCE, SUPERIOR HEALTH, AND ATHLETIC PERFORMANCE. WE ARE A NON-PROFIT FAMILY COMMUNITY CENTER

DEDICATED TO PEACE, HEALTH, AND SAFETY. WE ARE LOCALLY OWNED AND OPERATED BY VOLUNTEER RESIDENTS OF RHODE ISLAND. WE GIVE A FREE TRIAL PROGRAM TO ANYONE WHO WANTS TO TRY OUR MARTIAL ARTS INSTITUTE AND SCHOLARSHIPS FOR TUITION TO THOSE FAMILIES WHO NEED FINANCIAL ASSISTANCE. WE FOLLOW THE FEDERAL PELL GRANT GUIDELINES FOR OUR SCHOLARSHIP PROGRAMS. FAMILIES EARNING FEWER THAN 20K PER HOUSE HOLD CAN APPLY AND TRAIN FOR FREE! FAMILIES EARNING 50K OR LESS FAMILY HOUSEHOLD INCOME CAN APPLY AND TRAIN FOR A 50% REDUCED RATE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	THOMAS M EVANS	50 AYR ST CENTRAL FALLS, RI 02863 USA
DIRECTOR	DIOSCARIS GARCIA	26 CEDAR BROOK RD PAWTUCKET, RI 02861 USA
DIRECTOR	JASON CALIXTO	41 BUCKLIN ST PAWTUCKET, RI 02861 USA
DIRECTOR	STEPHEN LOMBARDI	1295 CHOPMIST HILL ROAD NORTH SCITUATE, RI 02857 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

THOMAS M. EVANS 550 BRANCH AVE PROVIDENCE , RI 02904

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

Signed this 24 Day of June, 2021 at 10:14:40 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By THOMAS M EVANS
Signature of Authorized Person

Form No. 631
Revised 09/07