



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

1. Entity ID Number 71926	2. Exact name of the Corporation DON RODRIGUES KARATE ACADEMY, LTD.
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2023 APR 25 A 9:13

3. Principal Office Address 190 COMMERCE DRIVE, SUITE 100	City WARWICK	State RI	Zip 02886
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4. NAICS Code 611620	6. Brief description of the character of business conducted in Rhode Island TO INSTRUCT AND TRAIN STUDENTS IN THE MARTIAL ARTS AND OTHER AFFILIATED AND RELATED SERVICES		
5. State of Incorporation RHODE ISLAND			

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DONALD P. RODRIGUES			Vice-President Name CHRISTINE B. RODRIGUES		
Street Address PO BOX 6120			Street Address PO BOX 6120		
City WARWICK	State RI	Zip 02887	City WARWICK	State RI	Zip 02887
Secretary Name DONALD P. RODRIGUES			Treasurer Name CHRISTINE B. RODRIGUES		
Street Address PO BOX 6120			Street Address PO BOX 6120		
City WARWICK	State RI	Zip 02887	City WARWICK	State RI	Zip 02887

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100 SHARES	COMMON	\$0.01 PAR VALU.

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 CHRISTINE B. RODRIGUES, VICE-PRESIDENT	Date 4-6-23
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Signature of Authorized Representative <i>Christine B. Rodrigues, V.P.</i>	FILED 9B APR 25 2023 BY 6EATJF
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MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
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