



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

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1. Entity ID Number <u>000136116</u>		2. Exact name of the Corporation <u>World Federation of Shinsei Kai Giju Kyu</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Train Young Children And Adults In Karate Sports And Self Defense And to continue to establish friendship through Karate</u>	
4. NAICS Code <u>624190</u>			
6. Principal Office Address <u>100 DIAGRAM Street</u>		City <u>Providence</u>	State <u>R.I.</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jose Elias Ramirez</u>		Vice-President Name <u>Jose De La Rosa</u>	
Street Address <u>239 Broadway</u>		Street Address <u>1352 Eddy St</u>	
City <u>Fall River</u>	State <u>MA</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02721</u>		Zip <u>02905</u>	
Secretary Name <u>Joselyn Duarte</u>		Treasurer Name <u>Angel Erazo</u>	
Street Address <u>191 Cranston St</u>		Street Address <u>289 Dudley St</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02907</u>		Zip <u>02905</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Elias Alexander Ramirez</u>		Director Name <u>Angel Erazo</u>	
Street Address <u>239 Broadway</u>		Street Address <u>289 Dudley St</u>	
City <u>Fall River</u>	State <u>MA</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02721</u>		Zip <u>02905</u>	
Director Name <u>Jose Elias Ramirez</u>		Director Name	
Street Address <u>239 Broadway</u>		Street Address	
City <u>Fall River</u>	State <u>MA</u>	City	State
Zip <u>02721</u>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>Jose Elias Ramirez</u>			Date <u>5/8/23</u>
Signature of Officer/Authorized Representative			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

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BY 25WM

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