State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 AUG -8 A 9:04

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.

1. Entity ID Number: 731442	2. Exact name of the Corporation: Honbu doJo Providence Rhode Island.
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: To teach Karate from Childream to Adults
4. NAICS Code: 713940	

6. Principal Office Address	City	State	Zip
44 Corinth st	Providence	R.I.	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Tomas Perez			Vice-President Name		
Street Address: 44 Corinth st.			Street Address		
City: Providence	State: R.I.	Zip: 02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Konnie V. Kivas			Director Name: Jose Jacobo		
Street Address: 91 Bailey st.			Street Address: 2805 Heath Ave. Apt. 6-D		
City: Cranston	State: R.I.	Zip: 02920	City: Bronx, N.Y.	State: N.Y.	Zip: 10463
Director Name: Victor Perdomo			Director Name		
Street Address: 24 Broom st.			Street Address		
City: Providence	State: R.I.	Zip: 02905	City	State	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	Date
Tomas Perez	8/7/2023

Signature of Officer/Authorized Representative: [signature]

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY [signature] 9:04

FORM 631- Revised 04/2023