



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

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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2023 SEP 28 A 10:45

1. Entity ID Number <u>123983</u>		2. Exact name of the Corporation <u>Future Impact Martial Arts, Inc.</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Martial Arts education through Capoeira and representing Brazil and Cape Verdean culture, history, dance & music throughout RI.</u>	
4. NAICS Code <u>611620</u>			
6. Principal Office Address <u>2327 West Shore Rd.</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02889</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Silas Pinto</u>		Vice-President Name <u>Joel Pasian</u>	
Street Address <u>5 Applegate Ln</u>		Street Address <u>26 Ranger Rd.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>N. Kingstown</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02852</u>	
Secretary Name <u>Nichole Pinto</u>		Treasurer Name <u>Arthur Ribeiro</u>	
Street Address <u>5 Applegate Ln</u>		Street Address <u>19 Sprague Dr.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02816</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>Silas Pinto</u>		Director Name <u>Joel Pasian</u>	
Street Address <u>5 Applegate Ln</u>		Street Address <u>26 Ranger Rd</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>N. Kingstown</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02852</u>	
Director Name <u>Arthur Ribeiro</u>		Director Name <u>Raquel Pasian</u>	
Street Address <u>19 Sprague Dr</u>		Street Address <u>26 Ranger Rd</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>N. Kingstown</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02852</u>	
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>SILAS O. PINTO</u>			Date <u>9/28/23</u>
Signature of Officer/Authorized Representative 			FILED 1054

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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