



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

Annual Report for the year: 2015
Non-Profit Corporation

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BUS SVCS DIV

2023 SEP 28 A 10:45

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

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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SEP 28 2023
BY WGRKS