



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

Annual Report for the year: **2024**
Corporation _____

FEB 02 2024
6779 R

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

1. Entity ID Number 000066189		2. Exact name of the Corporation THE WAY OF THE DRAGON LTD			
3. Principal Office Address 373TAUNTON AVE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 6121519		6. Brief description of the character of business conducted in Rhode Island TAI CHI, QIGONG AND MARTIAL ARTS TRAINING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WEN-CHING WU			Vice-President Name SAME		
Street Address P O BOX 14561			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		COMMON	NO PAR
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 DAVID WHARE				Date 1/29/2024	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov