



State of Rhode Island

Department of State - Business Services Division

**FILED**

MAY 06 2024

Annual Report for the year: 2024  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

BY: DATE 1802  
- 201

1. Entity ID Number <b>66066</b>		2. Exact name of the Corporation <b>R &amp; S Martial Arts Associates, Inc.</b>			
3. Principal Office Address <b>711 Putnam Pike</b>		City <b>Greenville</b>		State <b>RI</b>	Zip <b>02828</b>
4. NAICS Code <b>611620</b>		6. Brief description of the character of business conducted in Rhode Island <b>Martial Arts School</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rui Rodrigues</b>			Vice-President Name <b>Rui Rodrigues</b>		
Street Address <b>711 Putnam Pike</b>			Street Address		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip
Secretary Name <b>Rui Rodrigues</b>			Treasurer Name <b>Rui Rodrigues</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Rui Rodrigues</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/STEPS	
		600		Common	
				No Par	
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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. <b>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.</b>					
Name of Authorized Representative <b>Rui Rodrigues</b>			Date <b>3/31/24</b>		
Signature of Authorized Representative <b>Rui Rodrigues</b>					

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

FORM 630 - Revised 11/2021