



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 Hombu Dojo Providence Rhode Island			
3. State of Incorporation R.I.		6. Brief description of the character of business conducted in Rhode Island to teach Karate from children to adults			
4. NAICS Code 713940					
6. Principal Office Address 44 Corinth St.			City Providence	State R.I.	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
Director Name Ronnie V. Rivas			Director Name Rose Jacobo		
Street Address 91 Baker St.			Street Address 2805 Heath Ave Apt 6		
City Croston	State R.I.	Zip 02920	City	State	Zip
Director Name Victor Gardano			Director Name		
Street Address 14 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Tomas Perez					Date 6/25/24
Signature of Officer/Authorized Representative <i>[Signature]</i>					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

JUN 25 2024
BY g6rog *[Signature]*