



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number <u>001732657</u>			2. Exact name of the Corporation <u>Rhody Elite Martial</u>		
3. State of Incorporation <u>RI</u>			5. Brief description of the character of business conducted in Rhode Island <u>Youth Sports</u>		
4. NAICS Code <u>711211</u>					
6. Principal Office Address <u>8 Pine St</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Julio A. Adorno</u>			Vice-President Name <u>Jeremy Green</u>		
Street Address <u>8 Pine St</u>			Street Address <u>61 Lebrun Ave</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
Secretary Name <u>Glenda Corretjar</u>			Treasurer Name <u>Leighton Ogaldez</u>		
Street Address <u>8 Pine St</u>			Street Address <u>190 Atwells Ave</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</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>Julio A Adorno</u>			Director Name <u>Leighton Ogaldez</u>		
Street Address <u>8 Pine St</u>			Street Address <u>190 Atwells Ave</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
Director Name <u>Jeremy Green</u>			Director Name		
Street Address <u>61 Lebrun Ave</u>			Street Address		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	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.					
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>Julio A Adorno</u>				Date <u>3/24/25</u>	
Signature of Officer/Authorized Representative <u>Julio A Adorno</u>				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

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