



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001659710

2. Name of Corporation Aikido Kokikai

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

611620

4. Principal Office Address

No. and Street: 53 RAYMOND AVENUE

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

NON-PROFIT EDUCATIONAL INITIATIVE DEVOTED TO TEACHING THE MARTIAL ART OF AIKIDO KOKIKAI IN RHODE ISLAND.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	ED BARTH	38 COVE ISLAND ROAD CENTERVILLE, MA 02623 USA
DIRECTOR	OTTO LIEBMANN	96 EVERETT AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	JOHN JORDON	10 EXCHANGE COURT, UNIT 401 PAWTUCKET, RI 02860 USA
DIRECTOR	MARGARET PIWONSKI	53 RAYMOND AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	CLARA GABRIEL	192 PITTMAN STREET PROVIDENCE, RI 02906 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARGARET PIWONSKI 53 RAYMOND AVENUE PAWTUCKET , RI 02860

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of April, 2025 at 8:08:23 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ED BARTH
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved