



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

REC'D RIDOS BSI
25 MAY 5 AM 8:37 AM

1. Entity ID Number 66066		2. Exact name of the Corporation R & S Martial Arts Associates, Inc.			
3. Principal Office Address 711 Putnam pike		City Greenville		State RI	Zip 02828
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island Martial Arts School			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Rui Rodrigues			Vice-President Name		
Street Address 711 Putnam Pike			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name Rui Rodrigues			Treasurer Name Rui Rodrigues		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Rui Rodrigues			Director Name		
Street Address 711 Putnam Pike			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		600	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 Rui A. Rodrigues					Date 4/29/2025
Signature of Authorized Representative <i>Rui A. Rodrigues</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

MAY 05 2025

BY 9J6HJ

FORM 63C- Revised 12/2023