RI SOS Filing Number: 202573828360 Date: 5/30/2025 2:06:00 PM

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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

→ Printing Fee: \$20.00 → Penalty Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number	2. Exact name of the Corporation						
001783225	Rhode Island Music Teachers Association						
3 State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	An organization that aims to assemble music students and teachers from						
4. NAICS Code	Rhode Island for concerts, masterclasses, and education opportunities						
813990				• •			
6 Principal Office Address	•		City	State	Zıp		
12 John Street	John Street			RI	02806		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Yoon Chung			Vice President Name NONE				
Street Address 94 Bolivar Street			Street Address				
^{City} Canton	State MA	^{Zip} 02021	City	State	Ζιρ		
Secretary Name Manabu Takasawa			Treasurer Name Gideon Rubin				
Street Address 15 Hevey Road			Street Address 12 John Street				
City North Attleborough	State MA	^{Zip} 02760	^{City} Barrington	State RI	^{Z₁p} 02806		
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Yoon Chung			Director Name NONE				
Street Address 94 Bolivar Street			Street Address				
^{City} Canton	State MA	⁷ 10 02021	City	State	Zıp		
Director Name Manabu Takasawa			Director Name Gideon Rubin				
Street Address 15 Hevey Road			Street Address 12 John Street				
^{City} North Attleborough	State MA	^{Zıp} 02760	^{City} Barrington	State RI	Zip 02806		
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 Repres	Date						
Yoon Chung		May 29th, 2025					
Signature of Officer/Authorized Representative							

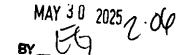
MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631- Revised 12/2023



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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

May 30, 2025 02:06 PM

Gregg M. Amore Secretary of State

Treg M. Coure

