



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 - *Amend*

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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1. Entity ID Number 001783225		2. Exact name of the Corporation Rhode Island Music Teachers Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island An organization that aims to assemble music students and teachers from Rhode Island for concerts, masterclasses, and education opportunities			
4. NAICS Code 813990					
6. Principal Office Address 12 John Street			City Barrington	State RI	Zip 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	Zip
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	Zip 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	Zip 02021	City	State	Zip
Director Name Manabu Takasawa			Director Name Gideon Rubin		
Street Address 15 Hevey Road			Street Address 12 John Street		
City North Attleborough	State MA	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Yoon Chung				Date May 29th, 2025	
Signature of Officer/Authorized Representative <i>Yoon Chung</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FORM 631- Revised 12/2023

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BY

EG



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

