

REC'D R.DOS BSD
25 OCT 8 PM 12:03:53State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001754392		2. Exact name of the Corporation The Prophet Corporation			
3. Principal Office Address 2525 Lemond Street SW			City Owatonna	State MN	Zip 55060
4. NAICS Code 423910		6. Brief description of the character of business conducted in Rhode Island Physical education, athletics, and fitness distributor			
5. State of Incorporation Minnesota					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Todd Jennings			Vice-President Name Ryan Reimers		
Street Address 2525 Lemond Street SW			Street Address 2525 Lemond Street SW		
City Owatonna	State MN	Zip 55060	City Owatonna	State MN	Zip 55060
Secretary Name Todd Jennings			Treasurer Name Ryan Reimers		
Street Address 2525 Lemond Street SW			Street Address 2525 Lemond Street SW		
City Owatonna	State MN	Zip 55060	City Owatonna	State MN	Zip 55060
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Todd Jennings			Director Name		
Street Address 2525 Lemond Street SW			Street Address		
City Owatonna	State MN	Zip 55060	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 James Jorgensen					Date 9/17/2025
Signature of Authorized Representative					

FILED

MAIL TO
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govOCT 08 2025
BY 1204
FORM 630 Revised: 12/2023