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State 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	2. Exact name of the Corporation
001754392	The Prophet Corporation

3. Principal Office Address	City	State	Zip
2525 Lemond Street SW	Owatonna	MN	55060

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423910	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	Vice-President Name
Todd Jennings	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	Director Name
Todd Jennings	
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
549,861	COMMON	0.02

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	Date
James Jorgensen	9/17/2025

Signature of Authorized Representative

FILED
OCT 08 2025
BY

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 630 Revised: 12/2023