



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 107517		2. Name of Corporation SUPER KICKS KARATE INC	
3. Street Address Principal Business Office 599 BENEFIT STREET		City PAWTHUCKET	State RI
4. Business Phone No. 401-723-6608		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island KARATE STUDIO			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JAMES PERLINI		Vice President Name JAMES PERLINI	
Street Address 7 FAIRFIELD RD		Street Address 7 FAIRFIELD RD	
City BARRINGTON	State RI	City BARRINGTON	State RI
Zip 02806		Zip 02806	
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name SAME AS ABOVE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES - THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	
100	NO PAR		

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.

FILED	
File Date	JAN 22 2008
Check No.	
By:	By 2586 mnc
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: James A. Perlini
Date: _____
Print or Type Name: JAMES PERLINI
Title: PRESIDENT