



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. 149261		2. Name of Corporation Okinawan Karate Preservation Society, LTD.			
3. Street Address Principal Business Office 175 EDDIE DOWLING HIGHWAY - BOX 5			City NORTH SMITHFIELD	State RI	Zip 02896
4. Business Phone No. 4017622201		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MARTIAL ARTS INSTRUCTION AND DEMONSTRATION, INCLUDING THE PURCHASE AND SALE OF REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis Branchaud			Vice President Name Kimberly Branchaud		
Street Address 350 Lake Washington Dr			Street Address 350 Lake Washington Dr		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Dennis Branchaud			Treasurer Name Kimberly Branchaud		
Street Address 350 Lake Washington Dr			Street Address 350 Lake Washington Dr		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis Branchaud			Director Name Kimberly Branchaud		
Street Address 350 Lake Washington Dr			Street Address 350 Lake Washington Dr		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	COMMON	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	MAR 06 2008
Check No.	1449 KM
By:	
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: Kimberly Branchaud Date: 3-5-08
Print or Type Name: Kimberly Branchaud
Title: V. president