

STATE USE ONLY

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

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Filing Conduction of the State of the Stat

subject to a penalty fee of \$25. 1. Corporate ID No.	2 Name of Corbo	2. Name of Corporation STATE OF THE ARTS KARATE CENTER INC				
3. Street Address Principal Business Office			City WARWICK	State RI	Zip 02886	
1160 BALD HILL ROAD 4. Business Phone No.					10000	
401-821-4340 6. Brief Description of the Chi KARATE AND OTHE	R SELF DEFENSE S	L led in Rhode Island SCHOOL INSTRUCTION		SPACES BÉFORE USING	ATTACHMENTS	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name DENNIS MOLLOY			Vice President Name SAME			
Street Address 25 BENNETT STRE	EET		Street Address			
City WARWICK	State RI	^{Zip} 02886	City	State	Zip	
Secretary Name SAME			Treasurer Name SAME			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. NAMES AND ADDR Director Name NONE	l RESSES OF THE DIRE	CTORS: ("X" BOX FOR A	TTACHMENT) FILL I Director Name	IN SPACES BEFORE USING	G ATTACHMENTS	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Director Name	J		Director Name		,,,,b	
Street Address			Street Address		<u> </u>	
City	State	Zip	City	State	Zip	
9. SHARES AUTHORI	ZED			l D <i>("X" BOX FOR ATTAC</i> SECTION <u>MUST</u> BE COMPLETED		
The control of record in the Office of the Secretary of			North and Change	Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			100	COMMON	\$1.00	
This report must be ex	xecuted on behalf of the ecuted on behalf of the	he corporation by an authoric corporation by the receiv	rized representative. If the er or trustee.	e corporation is in the hand	is of a receiver or trustee,	
			including any ac	of perjury, I declare and affirm ecompanying schedules and star are true and correct.	that I have examined this re atements, and that all statem	
File Date	}		Signature		Date	
Check No EB 0 3 2	009	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DENNIS No Print or Type No.			

PRESIDENT

Title