



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 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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
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3. Street Address Principal Business Office 175 EDDIE DOWLING HWY - BOX 5	City NORTH SMITHFIELD	State RI	Zip 02896
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4. Business Phone No. 401-762-2201	5. State of Incorporation RHODE ISLAND
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6. Brief Description of the Character of Business Conducted in Rhode Island
MARTIAL ARTS INSTRUCTIN AND DEMONSTRATION, INCLUDING THE PURCHASE AND SALES 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	City CHEPACHET
State RI	State RI
Zip 02814	Zip 02814

Secretary Name DENNIS BRANCHAUD	Treasurer Name KIMBERLY BRANCHAUD
Street Address 350 LAKE WASHINGTON DR	Street Address 350 LAKE WASHINGTON DR
City CHEPACHET	City CHEPACHET
State RI	State RI
Zip 02814	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	City CHEPACHET
State RI	State RI
Zip 02814	Zip 02814

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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.	ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
	Number of Shares	Class/Series	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.

File Date 3-8-2010
Check No. 1142
By: 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 [Signature] Date 3-5-10
Print or Type Name KIMBERLY BRANCHAUD
Title VICE PRESIDENT