



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 2012**  
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 \$25,000.

1. Corporate ID No <b>152513</b>		2. Name of Corporation <b>Mastery Martial Arts, Inc.</b>			City <b>Johnston</b>		State <b>RI</b>		Zip <b>02919</b>		
3. Street Address Principal Business Office <b>39 Putnam Pike</b>											
4. Business Phone No <b>(401)578-8070</b>			5. State of Incorporation <b>Rhode Island</b>								
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Karate training.</b>											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name <b>Gregory Horton</b>					Vice President Name						
Street Address <b>39 Putnam Pike</b>					Street Address						
City <b>Johnston</b>		State <b>RI</b>		Zip <b>02919</b>		City		State		Zip	
Secretary Name <b>Gregory Horton</b>					Treasurer Name <b>Gregory Horton</b>						
Street Address <b>39 Putnam Pike</b>					Street Address <b>39 Putnam Pike</b>						
City <b>Johnston</b>		State <b>RI</b>		Zip <b>02919</b>		City <b>Johnston</b>		State <b>RI</b>		Zip <b>02919</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name					Director Name						
Street Address					Street Address						
City		State		Zip		City		State		Zip	
Director Name					Director Name						
Street Address					Street Address						
City		State		Zip		City		State		Zip	
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>											
10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>											
ISSUED SHARES - THIS SECTION MUST BE COMPLETED											
Number of Shares				Class Series				Par Value			
<b>100 shares common stock of no par value</b>											
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.											

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**  
FEB 21 2012  
File Date  
Check No. By **mmc**  
By **3042**  
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.

**Gregory Horton**  
Signature  
2/8/12  
Date  
President  
Title