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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
82569	SELF DEFENSE TRAINING CENTER, LTD.

3. Principal office address	City	State	Zip
1235 WAMPANOAG TRAIL	EAST PROVIDENCE	RI	02915

4. Business Phone No.	5. State of Incorporation
(401) 437-9223	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
TO OPERATE AND MANAGE A KARATE INSTRUCTIONAL SCHOOL

President Name	Street Address	City	State	Zip
DANIEL DAROCHA	18 BREEZE AVENUE	RIVERSIDE	RI	02915

Vice-President Name	Street Address	City	State	Zip
DANIEL DAROCHA	18 BREEZE AVENUE	RIVERSIDE	RI	02915

Secretary Name	Street Address	City	State	Zip
DANIEL DAROCHA	18 BREEZE AVENUE	RIVERSIDE	RI	02915

Treasurer Name	Street Address	City	State	Zip
DANIEL DAROCHA	18 BREEZE AVENUE	RIVERSIDE	RI	02915

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CORPORATIONS DIV

Director Name	Street Address	City	State	Zip
DANIEL DAROCHA	18 BREEZE AVENUE	RIVERSIDE	RI	02915

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

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.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100 SHARES	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.

[redacted]

FILED 1005
JUN 29 2012
BY 02 173915

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 of Authorized Representative — Date: 6-15-12

DANIEL DAROCHA — President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

79943-8-766835

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CK# 1165