



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000139774</u>		2. Exact name of the limited liability company <u>New Wave Self Defense, L.L.C.</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Martial Arts, Acrobatics, + Dance</u>			
5. Principal office address <u>400 Warwick Ave</u>		City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>SILAS PINTO</u>		Contact Title <u>CO-OWNER</u>			
Street Address <u>5 Applegate Ln</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>SILAS PINTO</u>		Manager Name <u>Fernando Fialho</u>			
Street Address <u>5 Applegate Ln</u>		Street Address <u>44 1/2 Vernon St</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2013 OCT 11 PM 12:12
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED 1212
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 BY DL 208090

File Date _____
 Check No. _____
 By: _____
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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 Person [Signature] Date 10/11/13
 Print or Type Name of Authorized Person SILAS PINTO