



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. 140896		2. Exact name of the limited liability company Yang Ki Yin School of Jiu Jitsu, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island To operate martial arts school and any other lawful business			
5. Principal office address 1010 Tiogue Ave, Unit 11		City Coventry	State RI	Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David Braman		Contact Title Manager			
Street Address 1010 Tiogue Ave, Unit 11		City Coventry	State RI	Zip 02816	
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 David Braman		Manager Name Bradford Inman			
Street Address 1010 Tiogue Ave, Unit 11		Street Address 1010 Tiogue Ave, Unit 11			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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.					

FILED

OCT 29 2013

BY *bl*

File Date _____

Check No _____

By: _____

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.

 David Braman 10/27/2013
 Signature of Authorized Person Date

David Braman
 Print or Type Name of Authorized Person