



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 **2014**

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. 82569		2. Exact name of the Corporation SELF DEFENSE TRAINING CENTER, LTD.			
3. Principal office address 1235 WAMPANOAG TRAIL		City EAST PROVIDENCE	State RI	Zip 02915	
4. Business Phone No. (401) 437-9223		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OPERATE AND MANAGE A KARATE INSTRUCTIONAL SCHOOL					
7. OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐					
President Name DANIEL DAROCHA			Vice-President Name DANIEL DAROCHA		
Street Address 22 KENT AVENUE			Street Address 22 KENT AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name DANIEL DAROCHA			Treasurer Name DANIEL DAROCHA		
Street Address 22 KENT AVENUE			Street Address 22 KENT AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐					
Director Name DANIEL DAROCHA			Director Name NONE		
Street Address 22 KENT AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	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.					

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
JUL 09 2014

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] 07/01/2014
Signature of Authorized Representative Date
DANIEL DAROCHA President

Print or Type Name of Authorized Representative

PAID
ck # 1468