

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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.		2. Exact name of the limited liability company				
140896	YANG K	I YIN SCHOOL OI	F JIU JITSU, LLC			
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Ri	To operate martial arts school and any other lawful business					
5. Principal office address 1010 TIOGUE AVE, UNIT 11			City COVENTRY	State RI	Zip <b>02816</b>	
6. MAILING ADDRESS OF LI	MITED LIABILT	Y COMPANY AND NA	AME OR TITLE OF CONTACT P	ERSON:		
Contact Name  David Braman			Contact Title Manager			
Street Address 1010 Tiogue Ave, Unit 11			City Coventry	State RI	Zip <b>02816</b>	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		PRESSES) OF THE LII	NITED LIABILITY COMPANY, I	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name David Braman			Manager Name Brad 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 <b>02816</b>	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO	DE ISLAND					
This information is currently	of record in the	e Office of the Secret	ary of State. Changes require t	iling Form 642.		

FILED

OCT 0 7 2015

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 Date

David Braman

Print or Type Name of Authorized Person