



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 06 2017

1744

1. Entity ID Number 579705		2. Exact name of the Corporation KIEFER'S MARTIAL ARTS, INC.			
3. Principal Office Address 114 Granite Street, #3		City Westerly		State RI	Zip 02891
4. NAICS Code 61 - Educational Services	6. Brief description of the character of business conducted in Rhode Island To engage in the business of providing individual and class instruction in karate and the martial arts				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael R. Kiefer			Vice-President Name None		
Street Address 6 Rocket Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Michael R. Kiefer			Treasurer Name Michael R. Kiefer		
Street Address 6 Rocket Street			Street Address 6 Rocket Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael R. Kiefer			Director Name		
Street Address 6 Rocket Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			50 Common None		
11. 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. 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.					
Name of Authorized Representative Michael R. Kiefer				Date 1/27/2017	
Signature of Authorized Representative 					

2-28-2017 DOCUMENT HERE