RI SOS Filing Number: 201735041760 Date: 2/27/2017 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
123903	**American Martial Arts & Cardio Kickboxing, Inc.**

3. Principal Office Address	City	State	Zip
3 Commerce Street	**Greenville**	**RI**	**02828**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except I	**martial arts and cardio kickboxing instructions**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Akim Demirioglu**			Vice-President Name		
Street Address **3 Commerce St.**			Street Address		
City **Greenville**	State **RI**	Zip **02828**	City	State	Zip
Secretary Name **Akim Demirioglu**			Treasurer Name **Akim Demirioglu**		
Street Address **3 Commerce St.**			Street Address **3 Commerce St,**		
City **Greenville**	State **RI**	Zip **02828**	City **Greenville**	State **RI**	Zip **02828**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**51**	**common**	**$1.00 par value**

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	Date
Akim Demirioglu, President	2-21-17

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 27 2017

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