




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

Annual Report for the year: **2017**

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|--------------------|--|--|--------------------------------|--|
| 1. Entity ID Number 140896 | | 2. Exact name of the Limited Liability Company YANG KI YIN SCHOOL OF JIU JITSU, LLC | | | |
| 3. NAICS Code 611620 | | 4. Brief description of the character of business conducted in Rhode Island To operate a martial arts school and any other lawful business | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 1010 Tiogue Avenue, Unit 11 | | City Coventry | | State RI | Zip 02816 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Brad Inman | | | Contact Title Manager | | |
| Street Address 1010 Tiogue Avenue, Unit 11 | | | City Coventry | | State RI Zip 02816 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name David Braman | | | Manager Name Brad Inman | | |
| Street Address 1010 Tiogue Avenue, Unit 11 | | | Street Address 1010 Tiogue Avenue, 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 |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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 Person David P. Braman | | | | Date October 7, 2017 | |
| Signature of Authorized Person  SIGN DOCUMENT HERE | | | | | |

MAIL TO:

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

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