RI SOS Filing Number: 201876402990 Date: 8/31/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
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	Exact name of the Limited Liability Company						
000792799	BOKKE.	SMARIL	AL ARTS, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
611620	MARTIAL ARTS INSTRUCTION						
5. State of Formation	Į						
RI							
6. Principal Office Address			City	State	Zip		
530 WELLINGTON AVENUE	30 WELLINGTON AVENUE			RI	02910		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name JOHN JACOB BURKE			Contact Title MEMBER				
Street Address 530 WELLINGTON AVENUE			City CRANSTON	State RI	^{Zip} 02910		
B. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name N/A			Manager Name N/A				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name N/A Manager Name N/A							
Street Address Street Address							
City	State	Zıp	City	State	Zıp		
				Check the box to in	ndicate an attachment		
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							
JOHN JACOB BURKE X 8 79 8							
Signature of Authorized Person SIGN COCUMENT HERE							
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

AUG 3 1 2018

FORM 632 - Revised: 10/2017