

**FILED**State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionAnnual Report for the year: **2018**  
Corporation

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

OCT 09 2018

BY 2401JO

1. Entity ID Number <b>713827</b>		2. Exact name of the Corporation <b>Narragansett Bay Budokai, Inc.</b>			
3. Principal Office Address <b>671 Boston Neck Road</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>611620</b>		6. Brief description of the character of business conducted in Rhode Island <b>Karate Studio</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Robert C. Benner, IV</b>			Vice-President Name <b>None</b>		
Street Address <b>671 Boston Neck Road</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>Michael C. Bennett</b>			Treasurer Name <b>Michael C. Bennett</b>		
Street Address <b>671 Boston Neck Road</b>			Street Address <b>671 Boston Neck Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>None</b>			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		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>400</b>	<b>Common Class V</b>	<b>\$1.00 per share</b>
			<b>600</b>	<b>Common Class N</b>	<b>\$1.00 per share</b>
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 <b>Robert C. Benner, IV, President</b>					Date <b>10-5-2018</b>
Signature of Authorized Representative 					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

FORM 630 - Revised: 10/2017