



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division


Annual Report for the year: **2019**  
Corporation

STAMP

→ 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 <b>000579705</b>		2. Exact name of the Corporation <b>KIEFER'S MARTIAL ARTS, INC.</b>			
3. Principal Office Address <b>114 Granite Street, #3</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>611620</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of providing individual and class instruction in karate and the martial arts</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael R. Kiefer</b>			Vice-President Name <b>None</b>		
Street Address <b>6 Rocket Street</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Secretary Name <b>Michael R. Kiefer</b>			Treasurer Name <b>Michael R. Kiefer</b>		
Street Address <b>6 Rocket Street</b>			Street Address <b>6 Rocket Street</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michael R. Kiefer</b>			Director Name		
Street Address <b>6 Rocket Street</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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. <b>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.</b>					
Name of Authorized Representative <b>Michael R. Kiefer</b>				Date <b>1/30/19</b>	
Signature of Authorized Representative 				<b>FILED</b>	
				<b>FEB 07 2019</b>	
				<b>BY J. D. KATON</b>	