

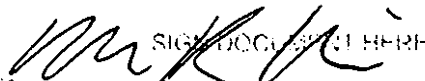


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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

BY 