



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation

2019

FILED

MAR 12 2019

BY J. HNTY

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SECRETARY OF STATE
CORPORATIONS DIV

2019 MAR 12 AM 11:15

- 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 66066		2. Exact name of the Corporation R & S Martial Arts Associates, Inc.			
3. Principal Office Address 711 Putnam Pike			City Greenville	State RI	Zip 02828
4. NAICS Code 611620		6. Brief description of the character of business conducted in Rhode Island Martial Arts School			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rui Rodrigues			Vice-President Name Rui Rodrigues		
Street Address 711 Putnam Pike			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name Rui Rodrigues			Treasurer Name Rui Rodrigues		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rui Rodrigues			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 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		
			PAR VALUE		
			Common		
			No Par		
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 Rui Rodrigues					Date 2/25/19
Signature of Authorized Representative <i>Rui Rodrigues (President)</i>					

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