



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:  
Corporation2019

FILED

MAR 12 2019

BY JOHN TYRECEIVED  
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 <b>66066</b>		2. Exact name of the Corporation <b>R &amp; S Martial Arts Associates, Inc.</b>			
3. Principal Office Address <b>711 Putnam Pike</b>		City <b>Greenville</b>		State <b>RI</b>	Zip <b>02828</b>
4. NAICS Code <b>611620</b>		6. Brief description of the character of business conducted in Rhode Island <b>Martial Arts School</b>			
5. State of Incorporation <b>RI</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>Rui Rodrigues</b>			Vice-President Name <b>Rui Rodrigues</b>		
Street Address <b>711 Putnam Pike</b>			Street Address		
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip
Secretary Name <b>Rui Rodrigues</b>			Treasurer Name <b>Rui Rodrigues</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>Rui Rodrigues</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 <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		
			<b>600</b>	<b>Common</b>	<b>No Par</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. <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>Rui Rodrigues</b>				Date <b>2/25/19</b>	
Signature of Authorized Representative 					

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

FORM 630 - Revised: 10/2017