



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 127759		2. Name of Corporation Kid's Action League of Martial Artists, Inc.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 56 GREATON DR		City PROVIDENCE	Zip 02906
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROVIDE CULTURAL OPPORTUNITIES FOR UNDERPRIVILEGED YOUTH AND THEIR FAMILIES TO PARTICIPATE IN EDUCATIONAL "RAMP UP", MARTIAL ARTS CLASSES AND RECREATIONAL AND ATHLETIC PROGRAMS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL L. WERTH			Vice President Name		
Street Address 56 GREATON DR			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name PAMALA BROWN			Treasurer Name JOSEL BZELAWSKI		
Street Address 250 WATERMAN ST APT 2			Street Address 47 CHESWICK RD		
City PROV	State RI	Zip 02906	City CRANSTON	State RI	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name MICHAEL L. WERTH			Director Name		
Street Address 56 GREATON DR			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Director Name PAMALA BROWN			Director Name JOSEL BZELAWSKI		
Street Address 250 WATERMAN ST APT 2			Street Address 47 CHESWICK RD		
City PROV	State RI	Zip 02906	City CRANSTON	State RI	Zip 02905
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name MICHAEL WERTH			Address		
Address 56 GREATON DRIVE			City PROVIDENCE	Zip 02906	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



127759

File Date 7-14-05
Check No. 1095
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Michael L. Werth 7/11/05
Signature of Officer Date
MICHAEL L. WERTH
Print or Type Name of Officer
President
Title of Officer



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Street Address 56 GREATON DR			Street Address		
City PROVIDENCE	State RI	Zip 02906-2914	City	State	Zip
Secretary Name PAMELA BROWN			Treasurer Name JOEL BIDLANSKI		
Street Address 61 JOHN ST			Street Address 47 CRESWICK RD		
City PROV	State RI	Zip 02906-2033	City CRANSTON	State RI	Zip 02905-3710
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City PROVIDENCE	State RI	Zip 02906	City PROV	State RI	Zip 02906
Director Name JOEL BIDLANSKI			Director Name		
Street Address 47 CRESWICK RD			Street Address		
City CRANSTON	State RI	Zip 02905	City	State	Zip
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Agent Name MICHAEL WERTH			Address		
Address 56 GREATON DRIVE			City PROVIDENCE	Zip 02906-2914	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 7 7 5 9 *

File Date 7/14/04
Check No. 105
By: DA
FOR SECRETARY OF STATE USE ONLY

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.

Michael L. Werth 6/19/04
Signature of Officer Date

PRESIDENT MICHAEL L WERTH
Print or Type Name of Officer

PRESIDENT
Title of Officer



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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Address 56 GREATON DRIVE			City PROVIDENCE	Zip 02906-2914	

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* 1 2 7 7 5 9 *

RECEIVED

File Date

APR 15 2004

Check No.

BY 100 311

By

FOR SECRETARY OF STATE USE ONLY

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.

Michael L. Werth 4/12/4
Signature of Officer Date

MICHAEL L WERTH
Print or Type Name of Officer

PRESIDENT
Title of Officer