

FOR SECRETARY OF STATE USE ONL

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 148 W. River Street Providence, RJ 02904-2615 401.222.3040

NON-PROFIT CO	RPORATION Filling Fee:	ANNUAL RI	EPORT FOR THE	YEAR20	<u> 105 </u>	
* In accordance with R.I.G.L. 7	-6.94, cach corporation f	'ailing or refusing to f	le its annual report within the i	time prescribed by law (R.I.G.L. 7-6-91) is subject	
to a penalty fee of \$25.00.			<u></u>			
1. Corporate ID No.	2. Name of Corporation					
128768	Providence Martial Arts, Ir					
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address City Zip			1 '		
RHODE ISLAND	56 PINE SH	reet Ext.		Pautucket	RI	
5 Foreign corporation. Enter prin	cipal office address		City	State	Zip	
6. Brief Description of the character of TO TEACH TAEKWONDO	of the affairs which are actual AND OTHER ANCILLARY	ily conducted in Rbode Isl Y MARTIAL ARTS AN	and D PHYSICAL AND MENTAL DI	CCIPLINES		
President Name		X. BOX FOR ATTACH	MENT) FILL IN SPACES E		CHMENTS	
Sircer Address 315 EAST AVE Apt 7			Siren Address			
Par tacket	State 2	^{ip} 02860	1315 EAST AVE City PAN ticket RI	State P1	^{Zip} 02860	
Secretary Name	<u> </u>		Treasurer Name	1 -1	102000	
KARIM KOM Street Address	RAT		Keville Kens	45	·	
315 EAST	Ave. APT 7	 	Sirver Address 315 EAX+ AVE		7	
Particlet	State RI	^{(p} 02860	Pawticket	Sinte P1	02860	
			CHMENT) THIL IN SPACES I			
	ORS OF A DOMESTIC ((RHODE ISLAND) (CORPORATION <u>SHALL NOT</u>	BF.J.ESS THAN THRE	E (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
KARIM KOURA	<u> </u>		KEVILLE Kou	MAT		
Sireoi Address 31 S EAS+ Ave	APT 7		Siren Address 315 East A	re Apt 7	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Panticket	State Z1	U2 860	Pawkicket	State	02866	
Pirretor Nume KAS R. DECA	RVALHO, ESq.		Director Name		ו אל	
Sirect Address 56 PINE Street	t, Ste. 3A		Street Address		© <u>4</u>	
Providence	State P(02903	City	State	2ip	
	RHODE ISLAND DO	NOT ALTER - Chang	cs require filing of Form 6	41 - R.I.G.L. 7-6-13 /	7.6.78 W	
Agent Name			Address		0	
KAS R. DECARVALHO, ESQ.						
Address			City	Zip		
56 PINE STREET, SUITE 3A			PROVIDENCE	029	nna.	
This report must	he signed by either the	President Vice Presi	dent, Secretary, Assistant Sec			
	128768		Under penalty of perju	iry, I declare and affirm t	that I have examined this and statements, and that all	
, iii 2016	FILED			ercin are tode and correct.	- 4/18/2007	
Check NoA	PR 18 2007		Signature of Officer //45 R. Z	DE-CARVALITO	Date F	

Print or Type Name of Officer

SECIPE to per

ASST.
Title of Officer



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Farm 631 Rev. 6/02

NON-PROFIT Confiling Period: June 1 - June	ORPORATION ORPORATION OF THE SECOND OF THE S	ON ANNUA :e: \$20.00	L REPORT FOR	THE YEAR _	2004
(FORM MUST BE TYPED OR I					
1. Corporate ID No.	2. Name of Corporation	n .			·- -
128768	Providence Martia	el Arts, Inc.			
3. State of Incorporation	4 Corporate address i		Address	City	Zip
RHODE ISLAND	486 PAWTUCKE	T AVENUE		PAWTUCKET	02860-
5. Foreign corporation: Enter pr	rincipal office address		City	State	Zip
				· ·	·
6. Brief Description of the character	cter of the affairs which a	re actually conducted	in Rhude Island	 	
			RTS AND PHYSICAL AND	MENTAL DISCIPLIN	ES
7. NAMES AND ADDRESS	SES OF THE OFFICE	RS_("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		, - : · · · · · · · · · · · · · · · · · ·
Kas R. DeCarvalho,	Esq.	· · · · · · · · · · · · · · · · · · ·	Kim Kies	·	
Sirect Address 154 Miller Avenue			Street Address		
			351 Rochambeau	Road	
City	State	Zip	City	State	Zip
Providence	RI .	02905	Providence	RI	02906
Secretary Name Kas R. DeCarvalho,	Fac		Treasurer Name Kim Kies		
"	Esq.	•			
Street Address 154 Miller Avenue			Street Address	- ,	
	_		351 Rochambeau		
Cny Providence	'State	.Zip	City	State	Zip
	RI	102905	Providence	RI	02906
8. NAMES AND ADDRESS	SES OF THE DIRECT	TORS ("X" BOX FO	OR ATTACHMENT) 🗌 FILL, IN	SPACES BEFORE USIN	GATTACHMENTS
	RECTORS OF A DOM	ESTIC (RHODE ISL	AND) CORPORATION SHALL	NOT BE LESS THAN TH	IREE (3).R.I.G.L 7-6-23
Director Name			Director Name		
Kas R. DeCarvalho,	Esq.		Kim Kies		
Street Address	•	-	Street Address	-·- · ·- ·	
154 Miller Avenue			351 Rochambeau	Road	
Cny	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	102906
Director Name			Director Name	• • • • • • • • • •	• • • • • • •
Kathleen DeCarvalh	o, Esq.				
Street Address			Sirvei Address	•	
154 Miller Avenue					
City	State	Zip	City	State	Zip
Providence	ŔI	02905	<u> </u>		1
9. REGISTERED AGENT I	N RHODE ISLAND	DO NOT ALTER- C		f Form 641 -R.I.GL.7	-6-13 / 7-6-78
Agent Name			Address		
Kas R. DeCarvalho, Esq			c/o Reavis + Haske	ell	
Address			City	¹ Zip	
42 Weybosset Street, 5th	h Floor		Providence	102	903
	· · -				
			h		
42 weybosset Street, 5th	n_r100r		Providence	102	903
This report must be signed	a in ink by either th	ie President, Vice	President, Secretary, Ass	istant Secretary, Trea	surer, Receiver or Truste
81 1/8 1 1 1 8 8 1 1	IBINI IBBNO DIFEL FOL				
1 2 8	19111 18818 81181 181 B 7 6 8		Under negative of p	crjury, I declare and affir	n that I have examined
				ng any accompanying sch	
4400700 0410 00400		٦		ints contained herein are	
128768 DNP 06/09/04	09:12:09 AM	1	and mar an statement		I I
File Date	04	1	An sold	10/2//	6/5/04
, , , , ,	, ————	1	Signatury of Officer		Date
Check No.			4 / ~	Carvalho, Esq.	' /
	· · · · · · · · · · · · · · · · · · ·		Print or Type Name of		

President

Title of Officer

02860

401.222.3040

Corporations Division 100 North Main Street, Providence, RI 02903-1335

City

Pawtucket

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

2. Name of Corporation

Providence Martial Arts, Inc.
4. Corporate address in Rhode Island - Street Address

486 Pawtucket Avenue

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

128768
3. State of Incorporation

RHODE ISLAND

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2003
Filing Period: June 1 - June 30 • Filing Fee: \$20.00	

3. Pareiga corporation. Enter pro	ncipai ogice aaaress		City	State	Zip .	
6. Brief Description of the charact			. I de Island. D PHYSICAL AND MENTAL DI		·	
TO TEACH TAEKWONDO	AND OTHER ANCIL	LART MARTIAL ARTS AN	D PHYSICAL AND MENTAL DI	SCIPLINES		
	S OF THE OFFICE	RS ("X" BOX FOR ATTAC	HMENT) [FILL IN SPACES	BEFORE USING A	TTACHMENTS	
President Name KAS R. DECARVALHE, ESQ			Vice President Name KIM KIES			
Street Address			Street Address			
154 Miller		· · · · · · · · · · · · · · · · · · ·	351 ROCHAMBEAU AVENUE			
Providence	State P. I	O2965	Providence	State	82906	
Secretury Name KAS R. DE	CARVALHO	ESO	Treasurer Name KIM KIES			
Street Address		./	Street Address			
154 MillEI	2 AVE		351 ROCHAM	BEAU AV	ENUE	
City PROVIDENCE	State RI	Zip 02905	City Providence	State	02.905	
8. NAMES AND ADDRESSES THE NUMBER OF DIREC	OF THE DIRECTO	ORS ("X" BOX FOR ATTAC STIC (RHODE ISLAND)	CHMENT) THE SP. CORPORATION SHALL NOT	ACES BEFORE US <i>BE LESS THAN T</i>	ING ATTACHMENTS HREE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Kas Ra DeCarv	alho, Esq.		Kim. Kies			
Street Address		-	Street Address			
City 154 Miller Av	Y	Ter	351 Rochambeau Avenue			
Providence	State RI	02905	Ciry Providence	State RI	^{Zip} 02906	
Director Name			Director Name			
Kathleen DeCa	<u>rvalho</u>		5			
154 Miller Av	enue		Street Address			
City	State	Zip	City	State	Zip	
Providence	RI	02905				
	RHODE ISLAND -	DO NOT ALTER - Chang	es require filling of Form 641	- R.I.G.L. 7-6-13 / 1	7-6-78	
Agent Name			Address		_	
KAS.RDECARVALHO, ESQ.			C/O HARRISUN		1 ATES	
Address			City	Zip		
807 BROAD STREET, SUITE			PROVIDENCE		02907-	
This report must be signed	in ink by either t	he President, Vice Pres	ident, Secretary, Assistant S	Secretary, Treasu	rer, Receiver or Trustee	
1 (88)81 (1818)		JB: 1511 (BB)				
			•			
			Under penalty of perjury, I	declare and affirm th	hat I have examined	
* 1 2			this report, including any a			
		¬°	and that all statements con	tained herein are true	and correct,	
File Datc	F	ILED	Kr. D	26/	2 Shalans	
7 4 16			Signature of Officer	20 June	Date Date	
Check No	SE	P 1 9 2003	Wae n	DECARU	A1 4 15 C/	
	Ву	1 Cinno	Print or Type Name of Office	TO CARE VI	74970, 5-39.	
Ву			Onosi.	doud		
FOR SECRETARY OF STATE U	JSE ONLY] C6209 =	Title of Office		Form 631 Rev. 6/02	