



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, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 128768		2. Name of Corporation Providence Martial Arts, Inc.	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 56 PINE Street Ext.	
		City Pawtucket	Zip RI
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 TEACH TAEKWONDO AND OTHER ANCILLARY MARTIAL ARTS AND PHYSICAL AND MENTAL DISCIPLINES			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name KARIM KOURAJ		Vice President Name KEVILLE KOURAJ	
Street Address 315 East Ave. Apt. 7		Street Address 315 East Ave Apt 7	
City Pawtucket	State RI	City Pawtucket RI	State RI
Zip 02860		Zip 02860	
Secretary Name KARIM KOURAJ		Treasurer Name KEVILLE KOURAJ	
Street Address 315 EAST AVE. APT 7		Street Address 315 East Ave Apt 7	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 KARIM KOURAJ		Director Name KEVILLE KOURAJ	
Street Address 315 East Ave. Apt 7		Street Address 315 East Ave Apt 7	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name KAS R. DECARVALHO, ESQ.		Director Name	
Street Address 56 PINE Street, Ste. 3A		Street Address	
City Providence	State RI	City	State
Zip 02903		Zip	
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 KAS R. DECARVALHO, ESQ.		Address	
Address 56 PINE STREET, SUITE 3A		City PROVIDENCE	Zip 02903

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



128768

FILED

File Date **APR 18 2007**

Check No. _____
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.

[Signature] **4/18/2007**
Signature of Officer Date

KAS R. DECARVALHO, ESQ.
Print or Type Name of Officer

ASST. SECRETARY
Title of Officer



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

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 128768 2. Name of Corporation Providence Martial Arts, Inc.
3. State of Incorporation RHODE ISLAND 4. Corporate address in Rhode Island - Street Address 486 PAWTUCKET AVENUE
City PAWTUCKET State RI Zip 02860-
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 TEACH TAEKWONDO AND OTHER ANCILLARY MARTIAL ARTS AND PHYSICAL AND MENTAL DISCIPLINES

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kas R. DeCarvalho, Esq. Street Address 154 Miller Avenue City Providence State RI Zip 02905	Vice President Name Kim Kies Street Address 351 Rochambeau Road City Providence State RI Zip 02906
Secretary Name Kas R. DeCarvalho, Esq. Street Address 154 Miller Avenue City Providence State RI Zip 02905	Treasurer Name Kim Kies Street Address 351 Rochambeau Road City Providence State RI Zip 02906

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ 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 Kas R. DeCarvalho, Esq. Street Address 154 Miller Avenue City Providence State RI Zip 02905	Director Name Kim Kies Street Address 351 Rochambeau Road City Providence State RI Zip 02906
Director Name Kathleen DeCarvalho, Esq. Street Address 154 Miller Avenue City Providence State RI Zip 02905	Director Name Street Address City State Zip

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 Kas R. DeCarvalho, Esq. Address 42 Weybosset Street, 5th Floor	Address c/o Reavis + Haskell City Providence Zip 02903
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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128768 DNP 06/09/04 09:12:09 AM
File Date 6/9/04
Check No. 1414
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.

Signature of Officer
Date 6/9/04
Kas R. DeCarvalho, Esq.
Print or Type Name of Officer
President
Title of Officer



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

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 128768		2. Name of Corporation Providence Martial Arts, Inc.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 486 Pawtucket Avenue		City Pawtucket	Zip 02860
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 TEACH TAEKWONDO AND OTHER ANCILLARY MARTIAL ARTS AND PHYSICAL AND MENTAL DISCIPLINES					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KAS R. DECARVALHO, ESQ			Vice President Name KIM KIES		
Street Address 154 MILLER AVENUE			Street Address 351 ROCHAMBEAU AVENUE		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02906
Secretary Name KAS R. DECARVALHO, ESQ			Treasurer Name KIM KIES		
Street Address 154 MILLER AVE			Street Address 351 ROCHAMBEAU AVENUE		
City PROVIDENCE	State RI	Zip 02905	City Providence	State RI	Zip 02905
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Director Name Kas R. DeCarvalho, Esq.			Director Name Kim Kies		
Street Address 154 Miller Avenue			Street Address 351 Rochambeau Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02906
Director Name Kathleen DeCarvalho			Director Name		
Street Address 154 Miller Avenue			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
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 KAS R. DECARVALHO, ESQ.			Address C/O HARRISON LAW ASSOCIATES		
Address 807 BROAD STREET, SUITE 100			City PROVIDENCE	Zip 02907	

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



* 1 2 8 7 6 8 *

FILED

File Date
Check No. **3019** SEP 19 2003

By **CC6509**
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.

Signature of Officer **Kas R. DeCarvalho** Date **8/20/2003**

Print or Type Name of Officer **KAS R. DECARVALHO, ESQ.**

Title of Office **President**