



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 82569		2. Name of Corporation Self Defense Training Center, Ltd.	
3. Street Address Principal Business Office 1086 WILLET AVENUE		City EAST PROVIDENCE	State RI
4. Business Phone No (401) 437-9223		5. State of Incorporation RHODE ISLAND	6. SIC Code 8557

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE AND MANAGE A KARATE INSTRUCTION SCHOOL.

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

President Name DANIEL DAROCHA			Vice President Name DANIEL DAROCHA		
Street Address 18 BREEZE AVENUE			Street Address 18 BREEZE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name DANIEL DAROCHA			Treasurer Name DANIEL DAROCHA		
Street Address 18 BREEZE AVENUE			Street Address 18 BREEZE AVENUE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DANIEL DAROCHA			Director Name		
Street Address 18 BREEZE AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class Series	Par Value
500	COMM NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class Series	Par Value
100	SHARES COMMON	NO PAR

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

PAID
CK# 1061



82569 DBC 06/27/05 02:05:06 PM

File Date 9/23/05

Check No. 1061

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] 8/31/05
Signature of Officer Date

DANIEL DAROCHA
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No **82569** 2 Name of Corporation **Self Defense Training Center, Ltd.**
3 Street Address Principal Business Office **1086 WILLET AVENUE** City **EAST PROVIDENCE** State **RI** Zip **02915**
4 Business Phone No **4014379223** 5 State of Incorporation **RHODE ISLAND** 6 SIC Code **8557**
7 Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE AND MANAGE A KARATE INSTRUCTION SCHOOL.

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

President Name DANIEL DAROCHA	Vice President Name DANIEL DAROCHA
Street Address 18 BREEZE AVENUE	Street Address 18 BREEZE AVENUE
City State Zip EAST PROVIDENCE RI 02915	City State Zip EAST PROVIDENCE RI 02915
Secretary Name DANIEL DAROCHA	Treasurer Name DANIEL DAROCHA
Street Address 18 BREEZE AVENUE	Street Address 18 BREEZE AVENUE
City State Zip EAST PROVIDENCE RI 02915	City State Zip EAST PROVIDENCE RI 02915

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DANIEL DAROCHA	Director Name NONE
Street Address 18 BREEZE AVENUE	Street Address NONE
City State Zip EAST PROVIDENCE RI 02915	City State Zip NONE NONE NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City State Zip NONE NONE NONE	City State Zip NONE NONE NONE

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 SHARES COMMON NO PAR VALUE

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

PAID
PCR # 3097



82569 DBC 02/01/04 11:32:14 AM
File Date 6/18/04
Check No 3097 M34966
By KMC
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 [Signature] Date 6/18/04
Print or Type Name of Officer DANIEL DAROCHA
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **82569**
2. Name of Corporation **Self Defense Training Center, Ltd.**
3. Street Address Principal Business Office
1086 Willett Avenue
4. Business Phone No. **(401) 437-9223**
5. State of Incorporation **RHODE ISLAND**

City **East Providence** State **RI** Zip **02915**
6. SIC Code **8557**

7. Brief Description of the Character of Business Conducted in Rhode Island
Jarate / Martial Arts Instruction School

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name **Daniel Da Rocha**
Street Address **18 Breeze Avenue**
City **East Providence** State **RI** Zip **02915**
Secretary Name **Daniel Da Rocha**
Street Address **18 Breeze Avenue**
City **East Providence** State **RI** Zip **02915**

Vice President Name **Daniel Da Rocha**
Street Address **18 Breeze Avenue**
City **East Providence** State **RI** Zip **02915**
Treasurer Name **Daniel Da Rocha**
Street Address **18 Breeze Avenue**
City **East Providence** State **RI** Zip **02915**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name **Daniel Da Rocha**
Street Address **18 Breeze Avenue**
City **East Providence** State **RI** Zip **02915**

Director Name **NONE**
Street Address **NONE**
City **NONE** State **NONE** Zip **NONE**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 Shares COMMON No Par Value

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



PAID
RRA 2564

* 8 2 5 6 9 *

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.

File Date: **6.9.03**
Check No.: **2564**
By: **ICP**

Signature of Officer **Daniel Da Rocha** Date **3/31/03**
Print or Type Name of Officer **DANIEL DAROCHA**
Title of Officer **PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82569** 2. Name of Corporation **Self Defense Training Center, Ltd.**

3. Street Address Principal Business Office **1086 WILLET AVENUE** City **EAST PROVIDENCE** State **RI** Zip **02915**

4. Business Phone No. **(401) 437-9223** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8557**

7. Brief Description of the Character of Business Conducted in Rhode Island
KARATE/MARTIAL ARTS INSTRUCTION SCHOOL

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **DANIEL DAROCHA**
Street Address **18 BREEZE AVENUE**
City **EAST PROVIDENCE** State **RI** Zip **02915**

Vice President Name **DANIEL DAROCHA**
Street Address **18 BREEZE AVENUE**
City **EAST PROVIDENCE** State **RI** Zip **02915**

Secretary Name **DANIEL DAROCHA**
Street Address **18 BREEZE AVENUE**
City **EAST PROVIDENCE** State **RI** Zip **02915**

Treasurer Name **DANIEL DAROCHA**
Street Address **18 BREEZE AVENUE**
City **EAST PROVIDENCE** State **RI** Zip **02915**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **DANIEL DAROCHA**
Street Address **18 BREEZE AVENUE**
City **EAST PROVIDENCE** State **RI** Zip **02915**

Director Name **(NONE)**
Street Address _____
City _____ State _____ Zip _____

Director Name **(NONE)**
Street Address _____
City _____ State _____ Zip _____

Director Name **(NONE)**
Street Address _____
City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 SHARES COMMON NO PAR VALUE

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



CR#1469

* 8 2 5 6 9 *

File Date: **5-23-02**

Check No.: **1469**

By: **AMF**

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 **Daniel Darocha** Date **5/14/02**

Print or Type Name of Officer **DANIEL DAROCHA**

Title of Officer **PRESIDENT**

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **82569** 2. Name of Corporation **Self Defense Training Center, Ltd.**

3. Street Address Principal Business Office
1086 WILLETT AVENUE City **EAST PROVIDENCE** State **R.I.** Zip **02915**

4. Business Phone No. **(401) 437-9223** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8557**

7. Brief Description of the Character of Business Conducted in Rhode Island
KARATE/MARTIAL ARTS INSTRUCTION SCHOOL

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DANIEL DAROCHA Street Address 18 BREEZE AVENUE City State Zip EAST PROVIDENCE R.I. 02915	Vice President Name DANIEL DAROCHA Street Address 18 BREEZE AVENUE City State Zip EAST PROVIDENCE R.I. 02915
Secretary Name DANIEL DAROCHA Street Address 18 BREEZE AVENUE City State Zip EAST PROVIDENCE R.I. 02915	Treasurer Name DANIEL DAROCHA Street Address 18 BREEZE AVENUE City State Zip EAST PROVIDENCE R.I. 02915

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DANIEL DAROCHA Street Address 18 BREEZE AVENUE City State Zip EAST PROVIDENCE R.I. 02915	Director Name NONE Street Address _____ City State Zip _____/_____/_____ Director Name NONE Street Address _____ City State Zip _____/_____/_____ Director Name NONE Street Address _____ City State Zip _____/_____/_____ Director Name NONE Street Address _____ City State Zip _____/_____/_____
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) [] 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) []

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS	COMM	NO PAR VAL	100 SHARES	COMMON	NO PAR VALUE

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



* 8 2 5 6 9 *

FILED

File Date: **JUN 27 2001**
Check No.: **CC1248**
By: **cc**
FOR SECRETARY OF STATE USE ONLY

FILED
CC#1248

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.

Daniel Darocha 18/01
Signature of Officer Date
DANIEL DAROCHA
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82569** 2. Name of Corporation **Self Defense Training Center, Ltd.**
3. Street Address Principal Business Office **1086 WILLETT AVENUE** City **EAST PROVIDENCE** State **RI** Zip **02915**
4. Business Phone No. **(401) 437-9223** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8557**

7. Brief Description of the Character of Business Conducted in Rhode Island
KARATE/MARTIAL ARTS INSTRUCTION SCHOOL

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DANIEL DaROCHA	Vice President Name DANIEL DaROCHA
Street Address 22 KENT AVENUE	Street Address 22 KENT AVENUE
City State Zip EAST PROVIDENCE RI 02914	City State Zip EAST PROVIDENCE RI 02914
Secretary Name DANIEL DaROCHA	Treasurer Name DANIEL DaROCHA
Street Address 22 KENT AVENUE	Street Address 22 KENT AVENUE
City State Zip EAST PROVIDENCE RI 02914	City State Zip EAST PROVIDENCE RI 02914

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DANIEL DaROCHA	Director Name NONE
Street Address 22 KENT AVENUE	Street Address NONE
City State Zip EAST PROVIDENCE RI 02914	City State Zip NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City State Zip EAST PROVIDENCE RI 02914	City State Zip NONE

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500 SHS COMM NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100 SHARES	COMMON	NO PAR VALUE

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



PAID

File Date: **JAN 21 2000**
Check No.: **SECY OF STATE**

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.

cd # 1913
Signature of Officer: **Daniel DaROCHA** Date: **1-18-2000**
Print or Type Name of Officer: **DANIEL DaROCHA**
Title of Officer: **PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82569		2. Name of Corporation Self Defense Training Center, Ltd.	
3. Street Address Principal Business Office 1086 WILLETT AVENUE		City EAST PROVIDENCE	State R.I.
		Zip 02915	
4. Business Phone No. (401) 437-9223	5. State of Incorporation RHODE ISLAND		6. SIC Code 8557
7. Brief Description of the Character of Business Conducted in Rhode Island KARATE/MARTIAL ARTS INSTRUCTION SCHOOL			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DANIEL A. DaROCHA		Vice President Name DANIEL A. DaROCHA	
Street Address 22 KENT AVENUE		Street Address 22 KENT AVENUE	
City EAST PROVIDENCE	State R.I.	City EAST PROVIDENCE	State R.I.
Zip 02914		Zip 02914	
Secretary Name DANIEL A. DaROCHA		Treasurer Name DANIEL A. DaROCHA	
Street Address 22 KENT AVENUE		Street Address 22 KENT AVENUE	
City EAST PROVIDENCE	State R.I.	City EAST PROVIDENCE	State R.I.
Zip 02914		Zip 02914	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DANIEL A. DaROCHA		Director Name NONE	
Street Address 22 KENT AVENUE		Street Address NONE	
City EAST PROVIDENCE	State R.I.	City NONE	State NONE
Zip 02914		Zip NONE	
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	City NONE	State NONE
Zip NONE		Zip NONE	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares 500 SHS COMM NO PAR VAL	Class/Series NO PAR VAL	Par Value NO PAR VAL	Number of Shares 100 SHARES
		Class/Series COMMON	Par Value NO PAR VALUE

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



PAID
#1646

File Date: Jan 22, 99
Check No.: 1646
By: JD.
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.

Daniel A. DaRocho 1/21/99
Signature of Officer Date
DANIEL A. DaROCHA
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **82569** 2. Name of Corporation **Self Defense Training Center, Ltd.**

3. Street Address Principal Business Office
1086 WILLET AVENUE City **EAST PROVIDENCE** State **RI** Zip **02915**

4. Business Phone No. **(401) 437-9223** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8557**

7. Brief Description of the Character of Business Conducted in Rhode Island
KARATE/MARTIAL ARTS INSTRUCTION SCHOOL

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name DANIEL A. DaROCHA	Vice President Name DANIEL A. DaROCHA
Street Address 22 KENT AVENUE	Street Address 22 KENT AVENUE
City State Zip EAST PROVIDENCE RI 02914	City State Zip EAST PROVIDENCE RI 02914
Secretary Name DANIEL A. DaROCHA	Treasurer Name DANIEL A. DaROCHA
Street Address 22 KENT AVENUE	Street Address 22 KENT AVENUE
City State Zip EAST PROVIDENCE RI 02914	City State Zip EAST PROVIDENCE RI 02914

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name DANIEL A. DaROCHA	Director Name
Street Address 22 KENT AVENUE	Street Address
City State Zip EAST PROVIDENCE RI 02914	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500 SHS COMM NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100 SHARES	COMMON	NO PAR VALUE

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



PAID
CR# 1377

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.

File Date: 1-20-98

Check No.: 1377

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Daniel A. Darocha Date: 1/16/98

Print or Type Name of Officer: DANIEL A. DaROCHA

Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82569** 2. Name of Corporation **Self Defense Training Center, Ltd.**

3. Street Address Principal Business Office
1086 WILLETT AVENUE City **EAST PROVIDENCE** State **R.I.** Zip **02915**

4. Business Phone No. **(401) 437-9223** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8557**

7. Brief Description of the Character of Business Conducted in Rhode Island
KARATE/MARTIAL ARTS INSTRUCTION SCHOOL

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name DANIEL A. DaROCHA	Vice President Name DANIEL A. DaROCHA
Street Address 22 KENT AVENUE	Street Address 22 KENT AVENUE
City State Zip E. PROVIDENCE RI 02914	City State Zip E. PROVIDENCE RI 02914
Secretary Name DANIEL A. DaROCHA	Treasurer Name DANIEL A. DaROCHA
Street Address 22 KENT AVENUE	Street Address 22 KENT AVENUE
City State Zip E. PROVIDENCE RI 02914	City State Zip E. PROVIDENCE RI 02914

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name DANIEL A. DaROCHA	Director Name
Street Address 22 KENT AVENUE	Street Address
City State Zip E. PROVIDENCE RI 02914	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS COMM NO PAR VAL			100 Shares	COMMON	NO PAR VALUE

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



File Date: 6/24/97

Check No: 1829

By: [Signature]

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: Daniel A. Darocha Date: 6/24/97

Print or Type Name of Officer: DANIEL A. DaROCHA

Title of Officer: PRESIDENT

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 82569		2. NAME OF CORPORATION Self Defense Training Center, Ltd.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1086 WILLETT AVENUE				CITY EAST PROVIDENCE	STATE R.I.	ZIP CODE 02915	
4. BUSINESS PHONE NO. (401) 437-9223			5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 8557	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND KARATE/MARTIAL ARTS INSTRUCTION SCHOOL							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME DANIEL A. DAROCHA				VICE PRESIDENT NAME DANIEL A. DAROCHA			
STREET ADDRESS 136 OAK CREST DRIVE				STREET ADDRESS 136 OAK CREST DRIVE			
CITY EAST PROVIDENCE		STATE R.I.	ZIP CODE 02915	CITY E. PROVIDENCE		STATE R.I.	ZIP CODE 02915
SECRETARY NAME DANIEL A. DAROCHA				TREASURER NAME DANIEL A. DAROCHA			
STREET ADDRESS 136 OAK CREST DRIVE				STREET ADDRESS 136 OAK CREST DRIVE			
CITY EAST PROVIDENCE		STATE R.I.	ZIP CODE 02915	CITY E. PROVIDENCE		STATE R.I.	ZIP CODE 02915
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME DANIEL A. DAROCHA				DIRECTOR NAME			
STREET ADDRESS 136 OAK CREST DRIVE				STREET ADDRESS			
CITY E. PROVIDENCE		STATE R.I.	ZIP CODE 02915	CITY		STATE	ZIP CODE
DIRECTOR NAME				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES						ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE		NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
500 SHS COMM	NO PAR VAL			100	COMMON	NO PAR VALUE	

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Daniel A. Darocha
Signature of Officer

DANIEL A. DAROCHA
Print or Type Name of Officer

PRESIDENT
Title of Officer

9/16/96
Date

File Date: 9/19/96

Check No: 1085

By: *Jmx*
For Secretary of State Use Only