



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

Matthew A. Broum, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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|---|-------------|---|-----------------------------|
| 1. ID No. 139774 | | 2. Exact name of the limited liability company New Wave Self-Defense, LLC. | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Martial Arts Instruction | |
| 5. Principal office address 400 Warwick Ave | | City Warwick | State RI Zip 02888 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Fernando Fialho | | Contact Title Manager | |
| Street Address 100 Warwick Ave | | City Warwick | State RI Zip 02888 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | |
| Manager Name Fernando Fialho | | Manager Name Silas Pinto | |
| Street Address 14 1/2 Vernon St | | Street Address 5 Applegate Ln | |
| City Warwick | State RI | City Providence | State RI |
| Zip 02889 | | Zip 02905 | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name | | Address | |
| Address | | City | Zip |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

| | |
|-----------|----------|
| File Date | 10/17/06 |
| Check No. | 808 |
| By: | CF |

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 Authorized Person: Fernando Fialho Date: 10/17/06

Print or Type Name of Authorized Person: Fernando Fialho