

STATE OF PHODE 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

2005

| 1. Corporate 1D No. | 2. Name of Corporati | | · · · · · · · · · · · · · · · · · · · | | , |
|--|----------------------------|---------------------------|--|-----------------------------------|----------------------------------|
| 99176 | State of the A | rts Karate Center, Inc. | | | |
| 3. Street Address Principal Busine | 55 | | City | State | Zip |
| 1160 Bald Hi | III Road | | Warwick | RI | 02886 |
| 401-821-434(| ` | 5. State of Incorporation | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE TEACHING, TRAINING AND SKILLS IN THE ART OF | | | <u>D</u> | | 6882 |
| TO PROVIDE TEACH | IING, TRAINING AND S | KILLS IN THE ART OF | SELF DEFENSE TO INDIVIDU | JALS OF ALL AGES IN V | ARIOUS |
| DISCIPLINES. B. NAMES AND ADDRESS | | | • | | |
| President Name | | o (A BOATON AL | Vice President Name | SPACES BEFORE USIN | G ATTACHMENTS |
| Dennis H | . Molloy | | | SAME | |
| Street Address | | | Street Address | SAME | |
| 25 Benne | ett Street | | | | |
| City | State | Zip | City | State | Zip |
| Warwick | RI | 02886 | | | ' |
| Secretary Name SAME | | | Treasurer Name | | ********************* |
| SAME Street Address | | | | SAME | |
| area zitaress | | | Street Address | | |
| | | | : | | |
| îitv | State | 726 | A . (1) | | |
| . NAMES AND ADDRESS | State ES OF THE DIRECTO | Zip RS: ("X" BOX FOR A | City TTACHMENT) | State N SPACES BEFORE USI | Zip NG ATTACHMEN |
| . NAMES AND ADDRESS Director Name NONE | | ' | TTACHMENT) [FILL I | | |
| . NAMES AND ADDRESS Director Name NONE Direct Address | | ' | TTACHMENT) [FILL I Director Name | | |
| P. NAMES AND ADDRESS Director Name NONE Direct Address | | ' | TTACHMENT) [FILL I Director Name | | |
| Tircel Address | ES OF THE DIRECTO | RS: ("X" BOX FOR A | TTACHMENT) | N SPACES BEFORE USI | NG ATTACHMEN |
| P. NAMES AND ADDRESS Director Name NONE Direct Address | ES OF THE DIRECTO | RS: ("X" BOX FOR A | TTACHMENT) [FILL I Director Name Street Address | N SPACES BEFORE USI | NG ATTACHMEN |
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| O. NAMES AND ADDRESS Director Name NONE Street Address | ES OF THE DIRECTO | RS: ("X" BOX FOR A | TTACHMENT) | N SPACES BEFORE USI | NG ATTACHMEN |
| O. NAMES AND ADDRESS Director Name NONE Direct Address Director Name | ES OF THE DIRECTO | RS: ("X" BOX FOR A | TTACHMENT) [FILL I Director Name Street Address City Director Name | N SPACES BEFORE USI | NG ATTACHMEN |
| O. NAMES AND ADDRESS Director Name NONE Direct Address Director Name Itreet Address | State | RS: ("X" BOX FOR A | TTACHMENT) | N SPACES BEFORE USI | NG ATTACHMEN |
| O. NAMES AND ADDRESS Director Name NONE Direct Address Director Name Director Name Director Name Director Name One of the Name Director Name | State | RS: ("X" BOX FOR A | TTACHMENT) | N SPACES BEFORE USI | NG ATTACHMEN |
| O. NAMES AND ADDRESS Director Name NONE Direct Address Director Name | State State State State | RS: ("X" BOX FOR A | TTACHMENT) | N SPACES BEFORE USI State State | NG ATTACHMEN |
| P. NAMES AND ADDRESS Director Name NONE Street Address Director Name treet Address | State | RS: ("X" BOX FOR A | TTACHMENT) | N SPACES BEFORE USI State State | NG ATTACHMEN |
| O. NAMES AND ADDRESS Director Name NONE Direct Address Director Name | State State State State | RS: ("X" BOX FOR A | TTACHMENT) | State State Class/Series | Zip Zip Par Value |
| O. NAMES AND ADDRESS Director Name NONE Director Address Director Name Director Name Director Name University O. SHARES AUTHORIZEI UTHORIZED SHARES Authorized Shares | State State State State | RS: ("X" BOX FOR A | TTACHMENT) | State State State State | NG ATTACHMEN Zip Zip IMENT) □ |
| O. NAMES AND ADDRESS Director Name NONE Director Address Director Name Director Name Director Name University O. SHARES AUTHORIZEI UTHORIZED SHARES Authorized Shares | State State State State | RS: ("X" BOX FOR A | TTACHMENT) | State State Class/Series | Zip Zip Par Value |

FILED

File Date MAR 0 3 2005

Check No. By 15

By: FOR SECRETARY OF STATE USE ONLY

| onder penalty of perjury, I declare and affirm that I ha | ive examined this report |
|--|---------------------------|
| including any accompanying schedules and statement | s, and that all statement |
| contained herein are true and correct. | |
| An Tall | 2-28-05 |
| Signature of Officer | Date |
| Dennis P. Molloy | |
| Print or Type Name of Officer | |
| President | |



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 | AR 2004 |
|--|---------|
| Illes David d. France de la companya della companya della companya della companya de la companya della companya | |

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 99176 State of the Arts Karate Center, Inc. 3. Street Address Principal Business Office 1160 Bald Hill Road Warwick 02886 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-821-4340 RHODE ISLAND 6882 7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE TEACHING, TRAINING AND SKILLS IN THE ART OF SELFDEFENSE TO INDIVIDUALS OF ALL AGES IN VARIOUS DISCIPLINES.

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

[FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Dennis P. Molloy Dennis P. Molloy Street Address Street Address 25 Bennett Street <u>25 Bennett Street</u> City Warwick RI l.....02886WarwickRI .02886. Secretary Name Treasurer Name Dennis P. Molloy Dennis P. Mollov Street Address Street Address 25 Bennett Street <u> 25 Bennett Street</u> Zip Zip Warwick 02886 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address City State Zip City Zip Director Name Director Name Street Address Street Address State Zip City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Scries Par Value 600 \$1.00 PAR VALUE 100 Common \$1.00This 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. File Date Signature of Officer <u>Dennis P. Molloy</u> Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

| riling Period: January 1-March 1 | • | Filing Fee: \$50.00 |
|--|---|---------------------|
| (FORM MUST BE TYPED OR PRINTED IN BLACK) | | |

| 1. Carparate ID No. | 2. Name of Corporatio | n | | | |
|--|---|---|--|-----------------------------|----------------------|
| 99176 | State of the A | rts Karate Center, Inc. | | | |
| 3. Street Address Principal | Business Office | 110. | City | State | ZIp |
| 1160 Bald 4. Business Phone No. | Hill Road | 5. State of Incorporation | Warwick | RI | 02886 6. SIC Code |
| 401-821-4 7. Brief Description of the (| 340 Character of Business Conducted In 1 | RHODE ISLAND | | | 6882 |
| Karate Sc 8. NAMES AND AD President Name | hool & Instruction DRESSES OF THE OFFIC | al Center of Se ERS (*x* BOX FOR ATTAC | | ES BEFORE USING ATTAC | HMENTS |
| Dennis P. Street Address | Molloy | | Dennis P. N Street Address | Molloy | |
| 25 Bennet | t Street State | Zip | 25 Bennett | Street State | Zip |
| Warwick Secretary Name | , RI | 02886 | Warwick Treasurer Name | RI | 02886 |
| Dennis P. Street Address | Molloy | | Dennis P. N Street Address | Molloy | |
| 25 Bennet | t Street State | Zip | 25 Bennett | Street State | Zip |
| Warwick 9. NAMES AND AD Director Name | RI. DRESSES OF THE DIREC | 02886 TORS (*x* box for atta | Warwick ACHMENT) FILL IN SPACE Director Name | RI CES BEFORE USING ATTA | 02886 _ CHMENTS |
| None Street Address | | - | Street Address | | |
| City | v t - n State | ; Zip | City | State | Zip |
| Director Name | | 1 | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHO | RIZED ("X" BOX FOR ATTAC | iment) | 11. SHARES ISSUED | ("X" BOX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 600 \$1.00 PAR VAL | UE | | 100 | Common | \$1.00 |
| | | | ±00 | LAZIBIR JI I | 3.L.a.UU |

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



File Date: Check No.:

FOR SECRETARY OF STATE USE ONLY

Dennis P. Molloy Print or Type Name of Officer

President

Title of Officer **₹**

Signature of Officer

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.

Form 630 12/02



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

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

| PLEASE | JI') READ |
|---------|---------------|
| INSTRUC | HONS |

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 99176 State of the Arts Karate Center, Inc. 3. Street Address Principal Business Office City State 1160 Bald Hill Road Warwick 02886 RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code 6882 **RHODE ISLAND** 401-821-4340 7. Brief Description of the Character of Business Conducted in Rhode Island Karate School & Instructional Center 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Dennis P. Molloy Dennis P. Molloy Street Address 25 Bennett Street 25 Bennett Street Zip State City Warwick RI 02886 Warwick RI.. . 02886 . Secretary Name Treasurer Name Dennis P. Molloy Dennis P. Molloy Street Address Street Address 25 Bennett Street 25 Bennett Street City State Zip Zip Warwick RI 02886 Warwick RΤ 02886 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address City Zip City State Zip Director Name Director Name None None Street Address Street Address City Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Class/Series Par Value 600 \$1.00 PAR VALUE 100 Common \$1.00

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



| File Date: | 2-4-02 | |
|------------|--------|---|
| | 2147 | |
| Check No.: | 7, | _ |

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Dennis P. Molloy Print or Type Name of Officer

President

Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

| 3. Street Address Principal Busin | ess Office | | City | | State | |
|------------------------------------|------------------------------|--------------------------------|-------------|---------|-------|------|
| 1. Corporate ID No. 99176 | 2. Name of Corporal State of | ^{tion} the Arts Ka | rate Center | , Inc. | | |
| (FORM MUST BE TYPED IN I | BLACK) | • | | | | |
| PROFIT COR Filing Period: Janua | PORATION try 1-March 1 • | ANNUAL Filing Fee: \$50 | REPORT | FOR THE | YEAR | 2001 |

1160 Bald Hill Road Warwick RI 02886 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 401-821-4340 7. Brief Description of the Character of Business Conducted in Rhode Island Karate School & Instructional Center 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Dennis P. Molloy Dennis P. Mollov Street Address Street Address 25 Bennett Street 25 Bennett Street City Warwick RI 02886 Warwick RI. 02886. Dennis P. Molloy Dennis P. Molloy Street Address 25 Bennett Street 25 Bennett Street

Secretary Name Street Address City Zio City State Zip RI 02886 Warwick RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name Director Name N0ne None Street Address Street Address City State City Director Name Director Name None None Street Address Street Address

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

Zip

Class/Series Par Value Number of Shares

Number of Shares 600 \$1.00 PAR VALUE

Class/Series

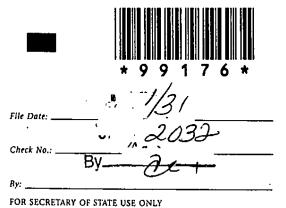
Zip

100 Shares

Common

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

City



State

City

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

Dennis P. Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

(FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

| 99176 | State | o f | the | Arts | K | ara |
|--|--------------|--------|----------|----------|------|--------|
| 3. Street Address Principal Business Offic | | | | | | |
| 1160 Bald Hil | 1 Road | ļ | | | | |
| 4. Business Phone No. | | | | 5. State | f In | corpor |
| 401-821-4340 | | | | RHO | Œ | IS |
| 7. Brief Description of the Character of B | usiness Cond | lucted | in Rhode | : Island | | |
| Karate School | & Ins | tru | ction | nal C | en | ter |

1. Corporate ID No.

AUTHORIZED SHARES

600 \$1.00 PAR VALUE

Number of Shares

| Arts Karate Co | enter, Inc. | | |
|---------------------------|-------------|-------|----------------------|
| | City | State | Zip |
| 5. State of Incorporation | Warwick | RI | 02886 6. SIC Code |
| RHODE ISLAND | | | 6882 |

| 8. NAMES President Name | AND ADDRES | SES OF TH | E OFFICERS | ("X" BOX FOR ATTACHI | MENT) FILL IN Vice President Nam | SPACES BEFORE 1 | USING ATTACHN | IENTS |
|-------------------------|-----------------------|-----------------|--------------------|-------------------------------|----------------------------------|-----------------------------|------------------------------|------------------------|
| Street Address | Dennis P. | Molloy | | | Street Address | Dennis I | . Molloy | |
| City - | 25 Bennett | Street State | Z | ip | City | 25 Benne State | ett Street | Zip |
| Secretary Nam | Warwick • | **** | RI | 02886 | Treasurer Name | Warwick | RI | 02886 |
| Street Address | Dennis P. i | Molloy | | | Street Address | Dennis P | • Molloy | |
| City | 25 Bennett | Street State | Zi | i <i>p</i> | City | 25 Benne | tt Street | Zip |
| 9. NAMES Director Name | Warwick AND ADDRES | sës of thi | RI. E DIRECTOR: | 02886 S ("X" BOX FOR ATTAC | HMENT) FILL I | Warwick IN SPACES BEFORE | RI E using attac i | 02886 IMENTS |
| Street Address | NONE | • | | | Street Address | NONE | | |
| City | | State | Zi | · · | City | State | | Zip |
| Director Name | | • | | | Director Name | | | |
| Street Address | NONE | | | | Street Address | NONE | | |
| City | | State | Zij | p | City | State | | Zip |
| 10. SHARE | S AUTHORIZE | D ("X" BOX F | OR ATTACHMEN | T) | 11. SHARES IS | SUED ("X" BOX FOI | R ATTACHMENT) | |

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

ISSUED SHARES

Number of Shares

100 shares



Class/Series

Par Value

| File Dâte: | 1-26-00 | ····· |
|-------------|----------------------|-------|
| Check No.: | 1914 | |
| Ву: | AMF | |
| FOR SECRETA | RY 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.

Class/Series

Common

Par Value

\$1.00

bignature of Officer

Dennis P. Print or Type Name of Officer

President

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

Title of Officer



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

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 . Filing Fee: \$50.00

STOP PIT MERLAD INSTRUCTIONS

1

| (FORM MUST BE TYPED | IN BLACK) | • | | | |
|--|--------------------------------------|---|--|-------------------------------|------------------------|
| 1. Corporate ID No. 99176 | 2. Name of Corp State of t | oration he Arts Karate Center, Ir | 1c. | | |
| 3. Street Address Principal B | usiness Office | | City | State | Zip |
| 1160 . Business Phone No. | Båld Hill Ro | 5. State of Incorporation | Warwick | RI | 02886 * 6. SIC Code |
| 821-4. Brief Description of the C | 340 haracter of Business Conducto | RHODE ISLAND ed in Rhode Island |) | | 6882 |
| Karat B. NAMES AND AD | e School & I: DRESSES OF THE O | nstructional In <u>s</u> FFICERS (*X* BOX FOR ATTACH | titute MENT) FILLIN SPAC | ES BEFORE USING ATTACH | MENTS |
| President Name | | | Vice President Name | | |
| Denni Street Address | s P. Molloy | | Street Address | Dennis P. Mollo | у |
| City | nnett Street | Zip — | City | 25 Bennett Stre | e t |
| | ck RI | 02886 | Warwick Treasurer Name | RI | 02886 |
| Denni Street Address | s P. Molloy | | Street Address | Dennis_P. Mollo | у |
| _ 25 Be: | nnett Street | zip - | City | 25 Bennett Stre | et |
| 9. NAMES AND ADI | ck RI Dresses of the di | 02886 RECTORS ("X" BOX FOR ATTAC | Warwick CHMENT) FILL IN SPA | R I CES BEFORE USING ATTAC | 02886 |
| Director Name | | | Director Name | | |
| Denni Itreet Address | s P. Molloy | | Street Address | 31ank | - - |
| . 25 Be | nnett Street | Zip | City | State | Zip |
| Warwi Director Name | ck RI | 02886 | Director Name | •••••• | k |
| Street Address | Blank | | Street Address | Blank _ | |
| City | State | Zip - | City | State | † Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | T Par Value |
| | | | The state of the s | - + | - + |
| 600 \$1.00 PAR \ | /ALUE | | 100 | Common | \$1 |
| | | ither the President, Vice P | řesident, Sečretařy, A | ssistant Secretary, Treasure | er, Receiver or Trust |
| } | | | | | |

9 9 1 7 6 *

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.

Check No.: 1819

Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

Dennis P. Molloy

President Title of Officer