



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

Corporations Division
190 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 OR PRINTED IN BLACK)

1. Corporate ID No 93685		2. Name of Corporation EAST BAY MARTIAL ARTS, INC.		
3. Street Address Principal Business Office 3001 EAST MAIN Rd		City Portsmouth	State RI	Zip 02871
4. Business Phone No 401 683-3892		5. State of Incorporation RHODE ISLAND		6. SIC Code 9837
7. Brief Description of the Character of the Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING INDIVIDUAL AND CLASS INSTRUCTION IN KARATE AND THE MARTIAL ARTS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Virginia Annunzi		Vice President Name NONE		
Street Address 510 Child St 412A		Street Address		
City Warren	State RI	Zip 02885	City	State
Secretary Name NONE		Treasurer Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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	Class/Series	Par Value	Number of Shares	Class/Series
3,000 NO PAR VALUE			NONE	

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



FILED

File Date **APR 22 2005** **3308**

Check No. **15**

By **US**

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

Print of Type Name of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 93685		2. Name of Corporation EAST BAY MARTIAL ARTS, INC.			
3. Street Address Principal Business Office 3001 EAST MAIN ROAD			City Portsmouth	State RI	Zip 02871
4. Business Phone No. 401-683-3852		5. State of Incorporation RHODE ISLAND			6. SIC Code 9837
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING INDIVIDUAL AND CLASS INSTRUCTION IN KARATE AND THE MARTIAL ARTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Virginia Amarel			Vice President Name None		
Street Address 510 Child St (412A)			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name None			Treasurer Name Virginia Amarel		
Street Address			Street Address 510 Child St (412A)		
City	State	Zip	City Warren	State RI	Zip 02885
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 NO PAR VALUE			None		

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



* 9 3 6 8 5 *

File Date 1-12-04
Check No. 3009
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 of Officer: Virginia Amarel
Date: 1/9/04
Print or Type Name of Officer: VIRGINIA AMAREL
Title of Officer: President



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



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

93685

2. Name of Corporation

EAST BAY MARTIAL ARTS, INC.

3. Street Address Principal Business Office

3001 EAST MAIN Road

City

Portsmouth

State

RI

Zip

02871

4. Business Phone No

401 683-3892

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9837

7. Brief Description of the Character of Business Conducted in Rhode Island

Martial Arts Education - + RETAIL PROSHOP

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Virginia Amaral

Street Address

510 Child ST 412A

City

Warren

State

RI

Zip

02885

Vice President Name

Virginia Amaral

Street Address

510 Child ST 412A

City

Warren RI

State

RI

Zip

02885

Secretary Name

Virginia Amaral

Street Address

510 Child ST 412A

City

Warren

State

RI

Zip

02885

Treasurer Name

Virginia Amaral

Street Address

510 Child ST 412A

City

Warren

State

RI

Zip

02885

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City

State

Zip

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

Number of Shares

Class/Series

Par Value

3,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

3,000

NO Par Value

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



* 9 3 6 8 5 *

File Date:

1-22-03

Check No.:

2692

By:

UP

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.

Virginia Amaral

1/26/03

Virginia Amaral

President

Title of Officer



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



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. **93685** 2. Name of Corporation **EAST BAY MARTIAL ARTS, INC.**
3. Street Address Principal Business Office **3001 EAST MAIN Road** City **Portsmouth** State **RI** Zip **02871**
4. Business Phone No. **401 683 3892** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island
MARTIAL ART INSTRUCTION

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

President Name **Virginia Amaral**
Street Address **510 Child Street** City **Warren** State **RI** Zip **02885**
Secretary Name **Virginia Amaral**
Street Address **510 Child ST** City **Warren** State **RI** Zip **02885**

Vice President Name **Virginia Amaral**
Street Address **510 Child ST** City **Warren** State **RI** Zip **02885**
Treasurer Name **Virginia Amaral**
Street Address **510 Child ST** City **Warren** State **RI** Zip **02885**

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
3,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
3000 Shares **NO PAR V.**

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



* 9 3 6 8 5 *

File Date: **1-10-02**
Check No.: **2310**
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 of Officer **Virginia Amaral** Date **1/8/02**
Print or Type Name of Officer **Virginia Amaral**
Title of Officer **President**



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

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



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. 93685		2. Name of Corporation EAST Bay MARTIAL ARTS INC			
3. Street Address Principal Business Office 3001 EAST MAIN Road			City Portsmouth	State RI	Zip 02871
4. Business Phone No. 401 683 3892		5. State of Incorporation RI		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island MARTIAL ART INSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name VIRGINIA AMARAL			Vice President Name SAMUE		
Street Address 510 Child St 412A			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Secretary Name SAMUE			Treasurer Name SAMUE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3000	Common		3000	Common	

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

FILED

File Date: **AUG 10 2001**
Check No.: **By KID JIST**
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.

Signature of Officer

Date

Virginia Amaral
Print and Type Name of Officer

President
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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

93685

2. Name of Corporation

EAST BAY MARTIAL ARTS, INC.

3. Street Address Principal Business Office

3001 EAST MAIN RD

City

Portsmouth

State

RI

Zip

02871

4. Business Phone No.

401 683 3892

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9837

7. Brief Description of the Character of Business Conducted in Rhode Island

MARTIAL ART INSTRUCTION

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Virginia Amaral

Street Address

510 Child Street

412A

City

Warren

State

RI

Zip

02885

Vice President Name

Virginia Amaral

Street Address

510 Child Street

412A

City

Warren

State

RI

Zip

02885

Secretary Name

Virginia Amaral

Street Address

510 Child Street

412A

City

Warren

State

RI

Zip

02885

Treasurer Name

Virginia Amaral

Street Address

510 Child Street

412A

City

Warren

State

RI

Zip

02885

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

FILL IN SPACES BEFORE USING ATTACHMENTS

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

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

3,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

3,000 NO PAR VALUE

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



* 9 3 6 8 5 *

File Date:

2/17/00

Check No.:

1789

By:

CV

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.

Virginia Amaral

Signature of Officer

2/17/00

Date

Virginia Amaral

Printed Name of Officer

President

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
401-277-3040



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. 93685 2. Name of Corporation EAST BAY MARTIAL ARTS INC.
3. Street Address Principal Business Office 510 Child St Unit 412A City WARREN State RI Zip 02885
4. Business Phone No. 401 683-3892 5. State of Incorporation Rhode Island 6. SIC Code 8557
7. Brief Description of the Character of Business Conducted in Rhode Island Providing MARTIAL ART and SELF Defense Lessons to Adults + Children
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name Virginia AMARAL Vice President Name William STEGALL
Street Address 510 Child ST 412 A Street Address 22 Andrews COURT
City WARREN State RI Zip 02885 City Bristol State RI Zip 02809
Secretary Name William STEGALL Treasurer Name Virginia AMARAL
Street Address 22 Andrews COURT Street Address 510 Child ST 412A
City Bristol State RI Zip 02809 City WARREN State RI Zip 02885

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name NONE Director Name NONE
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Director Name NONE Director Name NONE
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
3000 Common NONE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
3000 Common NONE

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

File Date: 7-1-99
Check No.: 1596
By: UP

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.

Virginia Amaral 6/25/99
Signature of Officer Date
Virginia AMARAL
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. **93685** 2. Name of Corporation **EAST BAY MARTIAL ARTS, INC.**
3. Street Address Principal Business Office **3001 EAST MAIN ROAD** City **Portsmouth** State **RI** Zip **02871**
4. Business Phone No. **401-683-3892** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

7. Brief Description of the Character of Business Conducted in Rhode Island
MARTIAL ART INSTRUCTION AND SALES OF MARTIAL ART EQUIPMENT

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

President Name Virginia Amaral Street Address 510 Child ST 412A City WARREN State RI Zip 02885	Vice President Name William Stegall Street Address 22 Andrews Court City Bristol State RI Zip 02809
Secretary Name Virginia Amaral Street Address 510 Child ST 412A City WARREN State RI Zip 02885	Treasurer Name William Stegall Street Address 22 Andrews Court City Bristol State RI Zip 02809

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

Director Name NONE Street Address NONE City NONE State NONE Zip NONE	Director Name NONE Street Address NONE City NONE State NONE Zip NONE
Director Name NONE Street Address NONE City NONE State NONE Zip NONE	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
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3,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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NONE NONE NONE

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



* 9 3 6 8 5 *

File Date: 3/9
Check No.: 1204
By: KW

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 Virginia Amaral Date 3/5/98
Print or Type Name of Officer Virginia Amaral
Title of Officer President