

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

Matthew A. Brown, Secretary of State

Corporations Du ision 190 North Main Street Providence, RI 02903-1335 401-222 3040

PROFIT CORPO Filing Period: January 1 - (FORM MUST BE TYPED OR PR	March 1. • Filin	NUAL REPOR 18 Fee: \$50.00	T FOR THE YEA	AR200	<u> </u>
1 Corporate II) No. 93685	2 Name of Corporation EAST BAY MAR	RTIAL ARTS, INC.			
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	-3892	5 State of Incorporation RHODE ISLAND	1		6 SIC Civile 9837
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Societari Name None			Treasurer Name	*************************	***************************************
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Cuy	State	Zip	City	State	Zip
9. NAMES AND ADDRESS! Director Name Nove More Address	ES OF THE DIRECTOR	RS: ("X" BOX FOR A	Director Name Wille	N SPACES BEFORE US	ING ATTACHMENTS
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City	State	Zip	Ca)	State	Z(p)
10. SHARES AUTHORIZED AUTHORIZED SHARES	) ("X" BOX FOR ATT	ACHMENT) []	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTAC	HMENT)
Number of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 NO PAR VALUE			NONE		<del></del>
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		er the President, Vice		rjury, I declare and affirm npanying schedules-aod st	, Receiver or Trustee that I have examined this reporatements, and that all statements
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FOR SECRETARY OF STATE USE ONLY			Tale of Officer		<del></del>



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

FORM MUST BE TYPED OR F	2. Name of Corpor	etlon			<del></del>
93685	1 '	EAST BAY MARTIAL ARTS, INC.			
3 Street Address Principal Business Office 3001 EAST MAIN ROAL			Portsmanth	State 72 I	Zip 0287/
Business Phone No.		5. State of Incorporation		_ <del></del>	6 SIC Code
401-683-3		RHODE ISLAND			9837
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President Name		Vice President Name			
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SIO Child ST	(412 A)				
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ireet Address			VIVGINIA AN Street Iddress 510 Child 51	(412A)	
ity	State	ZIp	CHUMMEN	State 25	21p 02885
. NAMES AND ADDRESS	SES OF THE DIREC	TORS: ("X" BOX FOR A		l SPACES BEFORE US	I ING ATTACHMENTS
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 Director Name			Director Name		
NONE	<del></del>	·	Sireei Address		
Σių.	State	Zip	City	State	Zip
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This report must	be signed in ink by	either the President, Vice	President, Secretary, Assistant	Secretary, Treasurer	r, Receiver or Trustee
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*	9 3-6-8 5	*	contained herein are to	ue and correct.	atements, and that air state)
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Check No. 3000	٦		Signature of Officer	Unus Anara L	Dute
1		_	<del></del>		<u>.</u>
Ву:		_	Print of Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY			TVAC. NAME		

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

STOP PLEASE READ

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 EAST BAY MARTIAL ARTS, INC. 3. Street Address Principal Business Office 3001 EAST MAIN 4. Business Phone No. 6. SIC Cude 401 683 - 3852

7. Brief Description of the Character of Rusiness Conducted in Rhode Island 9837 Pro Shep MAIRAL Arts Eclication -8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 510 Child ST 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 City State Zip Director Name Director Name Street Address Street Address City State State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Class/Series 3,000 NO PAR VALUE 3,000

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

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ile Date:	1.32.03
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Form 639 12:02

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

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401-222-3040

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 93685 EAST BAY MARTIAL ARTS, INC. 3. Street Address Principal Busines Office City Partsacouth State RL 3001 EAST MAIN 5. State of Incorporation 6 SIC Code 9837 RHODE ISLAND 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** Child ST 4/2. A WEN State PLT 21p 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 City Olrector Name Director Name Street Address Street Address City 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 3,000 NO PAR VALUE IN PARU

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

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File Date:	1-10-02	
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FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. r .... /20 12/01

Under penalty of perjury, I declare and affirm that I have examined

FOR SECRETARY OF STATE USE ONLY

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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ZOOL



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Business Phone No.	3892	5 State of Incatagration	y or succes	<u> </u>	6 SIC Code
701 000 rief Description of the Chara	cter of Business Conducted in	Rhode Island			l
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<del>,</del>		ERS ("X" BOX FOR ATTAC	HMENT) OFILL IN SPACES    Vacc President Name	BEFORE USING ATTAC	CHMENTS
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et Address			Street Address		
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es report must be 313					

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

STOP PLAYERLAD INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation EAST BAY MARTIAL ARTS, INC. 3. Street Address Principal Business Office Portsmach EAST MAIN Rd 3001 6. SIC Code 3892 683 RHODE ISLAND 9837 7. Brief Description of the Character of Business Conducted in Rhode Island ARI ENSTruction 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS City State Zio City State Zip Director Name Director Name Street Address City State Zip City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 3,000 NO PAR VALUE 3,000 to Par Valence

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

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File Date:	1/14/00	١
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Av:	Cu	#
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 copyained herein are true and correct.

| Liquid Living Date | Date



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 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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	T ALL SELF. FICERS (*X* BOX FOR ATT  ZIP 02885  ZIP 02885  ZIP 02865  ZIP  ZIP  ZIP	FICERS (*X* BOX FOR ATTACHMENT)  Vice President Name  Willi ANU  Street Address  22 ANCICUS  City  02885  Beistal  Treasurer Name  VIRSTUIA  Street Address  5/0 Chiefe  City  Director Name  NO.  Street Address  Zip  City  Trachment)  11. SHARES ISSUED	FICERS (*X* BOX FOR ATTACHMENT)  VICE President Name  WilliAM STESPII  Street Address  22 ANCIOUS COURT  City State  PL  Treasurer Name  Will ST VILA  Street Address  5/0 Child ST VILA  City State  City State  TO 2869 WONTEN  RECTORS (*X* BOX FOR ATTACHMENT)  Director Name  Director Name  NONE  Street Address  Zip City State  Director Name  NONE  Street Address  Zip City State  TIACHMENT)  11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

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- 1 09	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, as that all statements contained Therein are true and correct.
File Date:	Migreen (lidearel 6/28/99
Check No.: 1596	Signature of Officer Date
By:	Print of type Name of Officer
FOR SECRETARY OF STATE USE ONLY	THE OF OFFICER



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



## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

HORM MUST BE TYPED IN RLACK)					
	2. Name of Corporation				~
93685		ITIAL ARTS, INC.			
3. Street Address Principal Business Offic 3to   EAST MAID 4. Business Phone No. 401 - 683 - 389	ROAD Z	5. State of Incorporation RHODE ISLAND	Portskearth	State RI	21p 02871 6. SIC Code 9837
7. Bilef Description of the Character of B MARHAL ANT 8. NAMES AND ADDRESSES President Name	INSTRUCTION	and Sales			
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WANNEN secretary Name VIRGINIA AMM	State R <sub>I</sub>	02885	City Seista Pressurer Name	State	D2809
succe Address 510 Child ST	412 A Store	ZIP OZ885	William Stegal Succe Address ZZ Andrews		2.tp
			Bristil	KI	02869
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None		ZIP NOWE	City Name	State NONE	ZIPHONE
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3,000 NO PAR VALUE	Class/Series	Par Value .	Number of Shares  NONE	NONE	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:	39
Check No.:	1204
Ву:	100
FOR SECRETARY O	F STATE USE ONLY

Under penalty of perjury, I declare and a	ffirm that I have examined
this report, including any accompanying	schedules and statements, and
that all statements contained herein are	
Vicinia (Maril	35/98
Signature of Officer	Date
Vicipia Amanus	
Print of type Name of Officer  I'll Sich Lect	
Title of Office	