



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2021**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 000127759		2. Exact name of the Corporation Kids' Action League of Martial Artists, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide cultural arts opportunities to underserved youth and their families, as well as the general community, to participate in education and leadership development, martial arts, and recreational, and athletic programs.			
4. NAICS Code 624110 - Child and Youth Ser <input type="checkbox"/>					
6. Principal Office Address 56 Greaton Drive			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael L. Werth			Vice-President Name		
Street Address 56 Greaton Drive			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name			Treasurer Name Sharon L. Waldman		
Street Address			Street Address 56 Greaton Drive		
City	State	Zip	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marti Rosenberg			Director Name Richard Streitfeld		
Street Address 31 Talbot Manor			Street Address 536 Hope Street		
City Cranston	State RI	Zip 02915	City Providence	State RI	Zip 02906
Director Name Michael L. Werth			Director Name Michael L. Werth		
Street Address 56 Greaton Drive			Street Address 56 Greaton Drive		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Michael L. Werth				Date 07/06/2021	
Signature of Officer/Authorized Representative 				FILED JUL 07 2021 BY CA XVPYE 8:35	

MAIL TO:
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