



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2023**

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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RI DEPT. OF STATE  
BUS. SVCS.

2023 APR 14 P 2:35

1. Entity ID Number <b>000157708</b>		2. Exact name of the Corporation <b>Main Street Martial Arts, Inc.</b>	
3. Principal Office Address <b>1282 North Main Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02904</b>	
4. NAICS Code <b>611519</b>	6. Brief description of the character of business conducted in Rhode Island <b>Martial Arts and Cultural Arts</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Michael L. Werth</b>		Vice-President Name <b>Sharon L. Waldman</b>	
Street Address <b>56 Greateon Drive</b>		Street Address <b>56 Greateon Drive</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>
		State <b>RI</b>	Zip <b>02906</b>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES
		<b>2,000.00</b>	<b>DNP</b>
Changes require an additional filing.			PAR VALUE
			<b>\$0.00</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.			
Name of Authorized Representative <b>Michael L. Werth</b>			Date <b>04/14/2023</b>
Signature of Authorized Representative <i>Michael L. Werth</i>			

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 14 2023  
BY ML 3203

FORM 630 - Revised: 2/2023