



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 05 2024
BY 38958
DS

1. Entity ID Number 000123903	2. Exact name of the Corporation American Martial Arts & Cardio Kickboxing, Inc.
---	--

3. Principal Office Address 3 Commerce Street	City Greenville	State RI	Zip 02829
---	---------------------------	--------------------	---------------------

4. NAICS Code 611620	6. Brief description of the character of business conducted in Rhode Island Operation of a martial arts studio and cardio kickboxing instruction
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Akim Demirgioglu			Vice-President Name		
Street Address 3 Commerce Street			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: small;">NUMBER OF SHARES</th> <th style="font-size: small;">CLASS/SERIES</th> <th style="font-size: small;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">51</td> <td style="text-align: center;">COMMON</td> <td style="text-align: center;">\$1.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	51	COMMON	\$1.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
51	COMMON	\$1.00									

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 Akim Demirgioglu	Date 2-29-24
Signature of Authorized Representative 	

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