RI SOS Filing Number: 202451221610 Date: 4/16/2024 4:00:00 PM



State of Rhode Island

## Department of State - Business Services Division

## Annual Report for the year: 2024 Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: \$50.00

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Penalty: Additional \$25.00 fee if form is not filed by May 31.					4			
1. Entity ID Number 152513	2. Exact na	2. Exact name of the Corporation  Mastery Martial Arts, Inc.						
Principal Office Address     Evans Road			City Chepachet		State RI	Zip <b>02814</b>		
4. NAICS Code 713940		Brief description of the character of business conducted in Rhode Island     Karate training.						
<ol> <li>State of Incorporation</li> <li>RI</li> </ol>	IS.							
7. List ALL officers (names an	id addresses)		-	Check th	e box to inc	dicate an attachment		
President Name Gregory Horton			Vice-President Name					
Street Address 467 Evans Road			Street Address					
City Chepachet	State RI	Zip <b>02814</b>	City		State	Zip		
Secretary Name Gregory Horton	Treasurer Name Gregory Horton							
Street Address 467 Evans Road			Street Address 467 Evans Road					
City <b>Chepachet</b>	State RI	Zip 02814	City Chepachet		State <b>RI</b>	Zip <b>02814</b>		
8. List ALL directors (names a	ind addresses)	<u> </u>	•	Check th	e box to inc	licate an attachment		
Director Name	Director Name	Director Name						
Street Address			Street Address	Street Address				
City	State	Zıp	City		State	Zip		
Director Name	Director Name	Director Name						
Street Address			Street Address	Street Address				
City	State	Zîp	City		State	Zip		
9. Shares Authorized		10. Shares I	ssued	Check the	e box to ind	licate an attachment		
This information is currently of		NUMBER OF SHARES CLASS/SERIES PAR VALUE						
Department of State.		10	100 Commo		on Shares no par value			
Changes require an additional f	iling.							
11. This report must be execu trustee, this report must be ex	ted on behalf of the	e corporation by a	n authorized representations the receiver or trustee.	ve. If the corpora	tion is in the	e hands of a receiver or		
Under penalty of perjury, I d statements, and that all stat	leclare and affirm	that I have exam	ined this report, includi	ng any accomp	anying sch	redules and		
Name of Authorized Representative  Gregory Horton  Date  UNDOWN								
Signature of Authorized Repre	esentative		FILED	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ψ+* · · · · · · · · · · · · · · · · · · ·		
MAIL TO:			ADD 1 6 0004					

148 W. River Street, Providence, Rhode Island 02904-2615

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