RI SOS Filing Number: 202454591350 Date: 5/9/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED STAMP
MAY 0 9 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000082569	SELF DEFENSE TRAINING CENTER, LTD.

3. Principal Office Address	City	State	Zip
1235 WAMPANOAG TRAIL	EAST PROVIDENCE	RI	02915

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
713940	TO OPERATE AND MANAGE A KARATE INSTRUCTIONAL SCHOOL
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DANIEL DAROCHA	DANIEL DAROCHA
Street Address: 83 VAUGHN HOLLOW ROAD	Street Address: 83 VAUGHN HOLLOW ROAD
City: COVENTRY State: RI Zip: 02827	City: COVENTRY State: RI Zip: 02827
Secretary Name	**Treasurer Name**
DANIEL DAROCHA	DANIEL DAROCHA
Street Address: 83 VAUGHN HOLLOW ROAD	Street Address: 83 VAUGHN HOLLOW ROAD
City: COVENTRY State: RI Zip: 02827	City: COVENTRY State: RI Zip: 02827

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
DANIEL DAROCHA	N/A
Street Address: 83 VAUGHN HOLLOW ROAD	Street Address:
City: COVENTRY State: RI Zip: 02827	City: State: Zip:
Director Name: N/A	Director Name: N/A
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100 SHARES	COMMON	NO PAR

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	Date
DANIEL DAROCHA	5/3/2024
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

FORM 630- Revised: 12/2023