



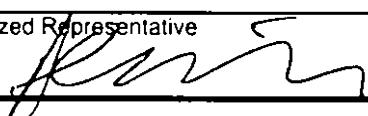
State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2023**  
**Corporation**

MAR 08 2023  
 BY 37293  
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- 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 <b>000123903</b>		2. Exact name of the Corporation <b>American Martial Arts &amp; Cardio Kickboxing, Inc.</b>			
3. Principal Office Address <b>3 Commerce Street</b>		City <b>Greenville</b>		State <b>RI</b>	Zip <b>02828</b>
4. NAICS Code <b>611620</b>		6. Brief description of the character of business conducted in Rhode Island <b>Operation of a martial arts studio and cardio kickboxing instruction</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Akim Demirgioglu</b>		Vice-President Name			
Street Address <b>3 Commerce Street</b>		Street Address			
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>			
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		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>51</b>	<b>Common</b>	<b>\$1.00</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.					
<b>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.</b>					
Name of Authorized Representative <b>Akim Demirgioglu</b>				Date	
Signature of Authorized Representative 				<b>2-24-23</b>	

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