



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 16334		2. Name of Corporation HEIDI & KRISTI, INC.			
3. Street Address Principal Business Office 43 Botka Road		City Charlestown		State RI	Zip 02813
4. Business Phone No. (401) 364-7945		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Commercial Fishing					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles H. Brayton			Vice President Name Norma L. Brayton		
Street Address 43 Botka Road			Street Address 43 Botka Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Norma L. Brayton			Treasurer Name Charles H. Brayton		
Street Address 43 Botka Road			Street Address 43 Botka Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Charles H. Brayton			Director Name Norma L. Brayton		
Street Address 43 Botka Road			Street Address 43 Botka Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
100		common		none	

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.

File Date	<b>FILED</b>
Check No.	JAN 07 2010
By	4926
FOR SECRETARY OF STATE USE ONLY	

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.

Norma L. Brayton 1/5/10  
Signature Date

Norma L. Brayton  
Print or Type Name

Vice-President  
Title