



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** 1992

**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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 0014632		2. Name of Corporation Katrina, Inc.		
3. Street Address Principal Business Office 1 Casino Terrace			City Newport	State RI
4. Business Phone No. 401 8478210		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island Bakery				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Christine Guldemond		Vice President Name Christine Guldemond		
Street Address 397 Wapping Rd.		Street Address same		
City Portsmouth	State RI	Zip 02871	City	State
Secretary Name Christine Guldemond		Treasurer Name Christine Guldemond		
Street Address same		Street Address same		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Christine Guldemond		Director Name		
Street Address 397 Wapping Rd.		Street Address		
City Portsmouth	State RI	Zip 02871	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.  2000		ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
		Number of Shares 0	Class/Series STK	Par Value 0

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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.

**FILED**

File Date SEP 23 2010

Check No. \_\_\_\_\_

By: [Signature] 27088

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.

[Signature] 9/7/2010  
Signature Date  
Christine Guldemond  
Print or Type Name  
pres.  
Title