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 1989

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.	2. Name of Corporation			
0014632	Katrina, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1 Casino Terrace		Newport	RI	02840
4. Business Phone No.	5. State of Incorporation			
401 8478210	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)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	President Name	Vice President Name
	Christine Guldemond	Christine Guldemond
Street Address	397 Wapping Rd.	Same
City / State / Zip	Portsmouth / RI / 02871	
	Secretary Name	Treasurer Name
	Christine Guldemond	Christine Guldemond
Street Address	Same	
City / State / Zip		

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	Director Name	Director Name
	Christine Guldemond	
Street Address	397 Wapping Rd.	
City / State / Zip	Portsmouth / RI / 02871	
	Director Name	Director Name
Street Address		
City / State / Zip		

9. SHARES AUTHORIZED

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.

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10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0	STK	0

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.

[redacted] [redacted]

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.

C. Guldemond — 9/7/2010
Signature — *Date*

Christine Guldemond
Print or Type Name

pres.
Title

File Date	FILED
Check No.	SEP 23 2010
By:	By

FOR SECRETARY OF STATE USE ONLY

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[redacted]

Form 630 Rev. 08/08

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