



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |   |                     |                     |
|--|--------------------|--|---|---------------------|---------------------|
| 1. Entity ID No.<br><b>111089</b>  |                    | 2. Exact name of the Corporation<br><b>Krisian, Inc.</b> |   |                     |                     |
| 3. Principal office address<br><b>1340 Main Road</b>   |                    | City<br><b>Tiverton</b>                                  | State<br><b>RI</b>  | Zip<br><b>02878</b> |                     |
| 4. Business Phone No.<br><b>401-624-6613</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>         |   |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>The ownership and operation of a vessel.</b>                             |                    |  |   |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                     |                     |
| President Name<br><b>David J. DeMello</b>  |                    |  | Vice-President Name<br><b>David J. DeMello</b>                      |                     |                     |
| Street Address<br><b>P.O. Box 817</b>  |                    |  | Street Address<br><b>P.O. Box 817</b>                               |                     |                     |
| City<br><b>Fairhaven</b>   | State<br><b>MA</b> | Zip<br><b>02719</b>                                      | City<br><b>Fairhaven</b>  | State<br><b>MA</b>  | Zip<br><b>02719</b> |
| Secretary Name<br><b>David J. DeMello</b>  |                    |  | Treasurer Name<br><b>David J. DeMello</b>                           |                     |                     |
| Street Address<br><b>P.O. Box 817</b>  |                    |  | Street Address<br><b>P.O. Box 817</b>                               |                     |                     |
| City<br><b>Fairhaven</b>   | State<br><b>MA</b> | Zip<br><b>02719</b>                                      | City<br><b>Fairhaven</b>  | State<br><b>MA</b>  | Zip<br><b>02719</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                     |                     |
| Director Name<br><b>David J. DeMello</b>   |                    |  | Director Name   |                     |                     |
| Street Address<br><b>P.O. Box 817</b>  |                    |  | Street Address  |                     |                     |
| City<br><b>Fairhaven</b>   | State<br><b>MA</b> | Zip<br><b>02719</b>                                      | City  | State               | Zip                 |
| 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"/> |                     |                     |
| 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. |                    |  | NUMBER OF SHARES  | CLASS/SERIES        | PAR VALUE           |
|  |                    |  | 100   | COMMON              | NO PAR VALUE        |

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 \_\_\_\_\_

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

By: \_\_\_\_\_

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.

**FILED**

Signature of Authorized Representative

Date

**David J. DeMello, President**

Print or Type Name of Authorized Representative

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