



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. 886617		2. Exact name of the Corporation K SEA, LTD.			
3. Principal office address 8 FREEBODY STREET			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-849-1510			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dee Christiansen			Vice-President Name Kathy Christiansen		
Street Address 2885 Goat Creek Road			Street Address 2885 Goat Creek Road		
City Kerrville	State TX	Zip 78028	City Kerrville	State TX	Zip 78028
Secretary Name Dee Christiansen			Treasurer Name Kathy Christiansen		
Street Address 2885 Goat Creek Road			Street Address 2885 Goat Creek Road		
City Kerrville	State TX	Zip 78028	City Kerrville	State TX	Zip 78028
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dee Christiansen			Director Name Kathy Christiansen		
Street Address 2885 Goat Creek Road			Street Address 2885 Goat Creek Road		
City Kerrville	State TX	Zip 78028	City Kerrville	State TX	Zip 78028
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

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

FILED

FEB 10 2016

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 of Authorized Representative

Date

DEE W CHRISTIANSEN

Print or Type Name of Authorized Representative

BY 10661