



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 16421		2. Exact name of the Corporation Dirk Kramers, Inc.			
3. Principal Office Address 60 NONQUIT LANE			City TIVERTON	State RI	Zip 02878
4. NAICS Code 54 - Professional, Scientific, an	6. Brief description of the character of business conducted in Rhode Island MARINE ENGINEERING				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DIRK KRAMERS			Vice-President Name NONE		
Street Address 60 NONQUIT LANE			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name DIRK KRAMERS			Treasurer Name DIRK KRAMERS		
Street Address 60 NONQUIT LANE			Street Address 60 NONQUIT LANE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name DIRK KRAMERS			Director Name		
Street Address 60 NONQUIT LANE			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
11. 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.					
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.					
Name of Authorized Representative DIRK KRAMERS				Date 1-29-2017	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FEB 22 2017	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

BY

