



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 886617		2. Exact name of the Corporation K SEA, LTD.			
3. Principal Office Address 8 FREEBODY STREET, P.O. BOX 549		City NEWPORT		State RI	Zip 02840
4. NAICS Code 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION, OWNERSHIP AND MAINTENANCE OF YACHTS, BOATS AND VESSELS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an 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 FL	Zip 78028
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 0.00		
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 KATHY CHRISTIANSEN				Date 1/23/17	
Signature of Authorized Representative <i>Kathy Christiansen</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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