



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 16334		2. Exact name of the Corporation HEIDI & KRISTI, INC.												
3. Principal Office Address 43 BOTKA ROAD			City CHARLESTOWN	State RI	Zip 02813									
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FISHING												
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 Charles H. Brayton			Vice-President Name Norma L. Brayton											
Street Address 43 Botka Road			Street Address 43 Botka Road											
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813									
Secretary Name Norma L. Brayton			Treasurer Name Charles H. Brayton											
Street Address 43 Botka Road			Street Address 43 Botka Road											
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Charles H. Brayton			Director Name Norma L. Brayton											
Street Address 43 Botka Road			Street Address 43 Botka Road											
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813									
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.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> <tr> <td style="text-align:center">100</td> <td style="text-align:center">Common</td> <td style="text-align:center">None</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	None			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	None												
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 Charles H. Brayton				Date 1/14/18										
Signature of Authorized Representative <i>Charles H. Brayton</i>			SIGN DOCUMENT HERE FILED <i>rv</i>											