



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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 					SIGN DOCUMENT HERE FILED