RI SOS Filing Number: 201856990330 Date: 1/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
2018 JAN 29 PM 3:04
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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	2. Exact name of the Corporation			
111089	Krisian, Inc.			
3. Principal Office Address		City	State	Zip
3913 Main Road, Unit E		Tiverton	Rhode Island	02878
4. NAICS Code: 332420	6. Brief description of the character of business conducted in Rhode Island: The ownership and operation of a vessel.			
5. State of Incorporation: Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David J. DeMello			Vice-President Name: David J. DeMello		
Street Address: 145 Alden Road			Street Address: 145 Alden Road		
City: Fairhaven	State: MA	Zip: 02719	City: Fairhaven	State: MA	Zip: 02719
Secretary Name: David J. DeMello			Treasurer Name: David J. DeMello		
Street Address: 145 Alden Road			Street Address: 145 Alden Road		
City: Fairhaven	State: MA	Zip: 02719	City: Fairhaven	State: MA	Zip: 02719

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: David J. DeMello			Director Name		
Street Address: 145 Alden Road			Street Address		
City: Fairhaven	State: MA	Zip: 02719	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10	COMMON	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: David J. DeMello

FILED

Date: 1/25/18

Signature of Authorized Representative: [signature]

SIGN DOCUMENT HERE

JAN 29 2018

BY Le 328932

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

FORM 630 - Revised: 10/2017