RI SOS Filing Number: 201872505730 Date: 7/17/2018 10:51:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

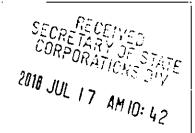
Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Additional \$25.00 fee if form is not filed by April 1



1, Entity ID Number	1	2. Exact name of the Corporation					
000125002	MAKAI, I	MAKAI, INC					
3. Principal Office Address	Office Address			State	е	Zip	
121 PECKHAM LANE			MIDDLETOWN	RI		02842-5317	
4. NAICS Code	6. Brief desc	ription of the characte	r of business conducte	d in Rhode Island			
811490	BOAT RES	BOAT RESTORATION					
5. State of Incorporation	\dashv						
RI	İ						
7. List ALL officers (names ar	nd addresses)			Check the box	c to indicate	an attachment	
President Name MICHAEL FLETCHER			Vice-President Name				
Street Address 121 PECKHAM LANE			Street Address				
City MIDDLETOWN	State RI	^{Zip} 02842-5317	City	State	•	Zip	
Secretary Name			Treasurer Name MICHAEL FLETCHER				
Street Address			Street Address 121 PECKHAM LANE				
City	State	Zip	City MIDDLETOWN	State	RI	^{Zip} 02842-5317	
8. List ALL directors (names a	and addresses)			Check the box	x to indicate	an attachment	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City	State	5	Zıp	
Director Name			Director Name	<u></u>		_ 4	
Street Address			Street Address				
City	State	Zip	Crty	State	•	Zip	
9. Shares Authorized		10. Shares Issue		Check the box to indicate an attachment		an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF 5	HARES	CLASS/SERIES PAR VALUE			
		100			NO	PAR	
						<u></u>	
11. This report must be execu	uted on behalf of the	corporation by an au	thorized representative	. If the corporation i	s in the har	ids of a receiver or	
trustee, this report must be e	xecuted on behalf o	f the corporation by th	e receiver or trustee.				
Under penalty of perjury, I (statements, and that all sta				g any accompanyii	ng schedul	les and	
Name of Authorized Represe			Date		,		
MICHAEL			0,	1/12/	2018		
Signature of Authorized Repr	esentarive	SEAN DOCK	FILEU				
AAIL TO:	<u> </u>	. 5	1 7 20	8		_	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov 10:31 JUL 17235013

FORM 630 - Revised: 10/2017