RI SOS Filing Number: 201872504940 Date: 7/17/2018 10:48:00 AM State of Rhode Island and Providence Plantations **Department of State - Business Services Division** Annual Report for the year: 2014 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 000125002 MAKAI, INC 3. Principal Office Address City State Zio **MIDDLETOWN** 02842-5317 121 PECKHAM LANE RI 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island **BOAT RESTORATION** State of Incorporation Check the box to indicate an attachment 7. List ALL officers (names and addresses) President Name MICHAEL FLETCHER Vice-President Name Street Address 121 PECKHAM LANE Street Address State RI <sup>Zip</sup>02842-5317 State Ζiρ <sup>City</sup> MIDDLETOWN Treasurer Name MICHAEL FLETCHER Secretary Name Street Address 121 PECKHAM LANE Street Address State RI <sup>Zip</sup> 02842-5317 State Zip City MIDDLETOWN 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name

City	State	Zip	City		State	Zıp	_
Director Name	ļ <u>.</u>	D rector Name					
Street Address			Street Address				
City	State	Zip	C ty		State	Zıp	_
9. Shares Authorized		10. Shares Issued		Check ti	Check the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
				NO PAR			
Changes require an addi	itional filing	<u> </u>			<u> </u>		_

Street Address

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

MICHAEL FLEYCHER

Signature of Authorized Representative

07/12/2018

MAIL TO:

811490

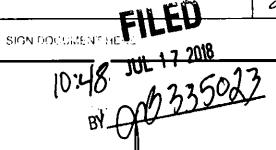
Сіу

Street Address

**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