



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.

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STATE
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUL 17 AM 10:42

1. Entity ID Number 000125002		2. Exact name of the Corporation MAKAI, INC			
3. Principal Office Address 121 PECKHAM LANE		City MIDDLETOWN		State RI	Zip 02842-5317
4. NAICS Code 811490		6. Brief description of the character of business conducted in Rhode Island BOAT RESTORATION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	PAR VALUE NO PAR
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 FLETCHER					Date 07/12/2018
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED 10:48 JUL 17 2018 BY [Signature]

MAIL TO:

Division of Business Services

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

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