



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

**Annual Report for the year: 2010**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STATE  
 SECRETARY OF STATE  
 CORPORATION DIVISION  
 2018 JUL 17 AM 10:41

1. Entity ID Number <b>000125002</b>		2. Exact name of the Corporation <b>MAKAI, INC</b>			
3. Principal Office Address <b>121 PECKHAM LANE</b>			City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842-5317</b>
4. NAICS Code <b>811490</b>		6. Brief description of the character of business conducted in Rhode Island <b>BOAT RESTORATION</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHAEL FLETCHER</b>			Vice-President Name		
Street Address <b>121 PECKHAM LANE</b>			Street Address		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842-5317</b>	City	State	Zip
Secretary Name			Treasurer Name <b>MICHAEL FLETCHER</b>		
Street Address			Street Address <b>121 PECKHAM LANE</b>		
City	State	Zip	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842-5317</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS-SERIES	PAR VALUE
		100			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 <b>MICHAEL FLETCHER</b>					Date <b>07/12/2018</b>
Signature of Authorized Representative 					<b>FILED</b> JUL 17 2018 10:44 BQ 2335023
SIGN DOCUMENT HERE					

MAIL TO:  
 Division of Business Services  
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