

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Durisi 160 North Main Sire Providence, RI 02963-13.

401 222 30

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Gerporate ID No. 2 Name of Corporation 111089 Krisian, Inc. 3 Street Address Principal Business Office 1340 Main Road Tiverton RI 02878 4 Business Fhone No. State of Incorporation 6 SIC Code 401-624-6613 RHODE ISLAND 8888 7 Brief Description of the Character of Business Conducted in Rhyde Island THE OWNERSHP AND OPERATION OF A VESSEL(S) 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS President Name <u>David J. DeMello</u> David J DeMello Street Address Street Address <u>PO Box</u> 317 PO Box State <u>. Fairhaven</u> MA 02719 <u>Fairhaven</u> MA 02719 <u> David J. DeMello</u> <u>David 1</u> <u>DeMello</u> Street Address PO Box 817 PO Box 817 Sale City State ZipFairhaven | MA | 02719 | Fairhaven 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | MA 02719 FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name <u> David J. DeMello</u> None Street Address Street Address <u>PO Box 817</u> Cit; State ...MA..... 02.7.19. ....Fairhaven..... None David J. <u> DeMello</u> Street Address Street Address <u>РО Вох</u> State Car State Fairhaven MA 02719 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARTS ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 4,000 NO PAR VALUE No Par Value 100 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

\$ 2-7-05 File Date Bv: FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

David J. DeMello

Print or Type Name of Officer

<u>President</u> Title of Officer

Form 630 Rev. 12/03



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Div 100 North Main 5 Providence, RI 02903-; 401.222.

Form 630 Rev. 12/0

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 111089 Krisian, Inc. 3. Street Address Principal Business Office State <u>1340 Main Road</u> RI 02878 <u>Tiverton</u> 4 Business Phone No 5. State of Incorporation 401-624-6613 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island THE OWNERSHP AND OPERATION OF A VESSEL(S) 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name <u>David J. DeMello</u> David J. DeMello Street Address Street Address D. Q., Ray . 817 Treasurer Name David J. DeMello David J. DeMello Street Address Sinct Address P.Oj Box 817 P.O. Box 817 State City City State 02719 02719 MA Fairhaven Fairhaven ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name None DeMello David J. Street Address P.O. Box 817 Zip State Zip I h 02719 Fairhaven Director Name Director Name None None Street Address Street Address ZipState Z.(t) State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Class/Series Par Value Number of Shares No par valu 100 Common 4,000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this re including any accompanying schedules and statements, and that all states contained herein are true and correct. File Date Signature of Officer Check No. David J. DeMello Print or Type Name of Officer

<u>President</u>

Title of Officer

Edward S. Inman, III. Secretary of Sta Corporations Division

### 100 North Main Street, Providence, RI 02903-133 401-222-304

## PROFIT COPPOD



Filing Period: Januar	ry 1-March L •	Filing Fee: \$50.00	PORT FOR TH	E YEAR _ ZU	PLEASE REAL ENSTRUCTION
(FORM MUST BE LYPED OR PRI: 1 Corporate ID No	NTFD IN BLACK)  2 Name of Corpo	ration			
111089 3. Street Address Principal Busine	Krisian, Inc	c.	Gity		
1340 Main Roa		5. State of Incorporation	Tiverton	State R I	Zip - 02878 6. SIC Code
401-624-6613  7. Brief Description of the Character	ter of Business Conducted	RHODE ISLAND	)		8888
The ownership 8. NAMES AND ADDRE	and operatesses of the off	tion of a vesse FICERS (*X* BOX FOR ATTAC		BEFORE USING ATTA	CHMENTS
David J. DeMe	110		David J. DeMe	:110	
P.O. Box 817	State	Zip	P.O. Box 817	State	Zip
Fairhaven Secretary Name	MA	02719	Fairhaven Treusurer Name	MA	02719
David J. DeMe	110		David J. DeMe Street Address	110	
P.O. Box 817	State	Zış	P.O. Box 817	State	Zip
Fairhaven 9. NAMES AND ADDRE Director Name	MA SSES OF THE DIR	02719 ECTORS ("X" BOX FOR ATT	Fairhaven ACHMENT) FILL IN SPACE Ditector Name	MA s before using att	02719 ACHMENTS
David J. DeMe	110		None Street Address		
P.O. Box 817	State	Zip	City	(** · )	
Fairhaven Ducctor Name	MA	02719		State .	Zip
None Street Address			Director Name None Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("x" box for att	TACHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMENT	r)
Number of Shares	Glass/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No Par Valu

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 1 1 0 8 9 *
File Date	<u>0.6.03</u>
Check No/	) M
By: FOR SECRETARY OF STATE	<u>W</u>

Under penalt	y of perjury, I declare and affirm that I have examined
this report, ii	ncluding any accompanying schedules and statements, and
that all states	ments contained herein are true and correct.

<u>David J</u>. DeMello Print or Type Name of Officer

President David & De Mello Title of Officer ر مين<sup>ي</sup>ي. 5

Form 630 12/02



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Innian, III. Secretary of Stat Corporations Divisio. 100 North Main Street, Providence, RI 02903-133; 401-222-304

• • •					
PROFIT CORP	ORATION 1-March 1 •	ANNUAL RE	PORT FOR THE	YEAR20	D2 STOP PLEASE REAL INSTRUCTION
(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No.	2. Name of Corpora	tion			
111089	Krisian, Inc	•			
3. Street Address Principal Business	Office		City	State	Zip
1340 Main Road 4. Business Phone No.		5. State of Incorparation	Tiverton	RI	02878 6. SIC Code
401-624-6613  7. Brief Description of the Character	of Business Conducted i	RHODE ISLAN	D		8888
The ownership and 8. NAMES AND ADDRESS President Name	operation of the Offi	f a vessel(s). CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BE Vice President Name	FORE USING ATTA	CHMENTS
David J. DeMello Street Address			David J. DeMello:		
P.O. Box 817	State	Zip	P.O. Box 817	State	710
Fairhaven Secretary Name	MA	02719	Fairhaven  Teasurer Name	MA	02719
David J. DeMello Sucet Address			David J. DeMello Street Address		
P.O. Box 817 cuy	State	Zip	P.O. Box 817	State	Zip
Fairhaven 9. NAMES AND ADDRESS Director Name	MA SES OF THE DIRI	02719 ECTORS (*X* BOX FOR AT		MA BEFORE USING ATT	02719
David J. DeMello			Director Name NONE Street Address		
P.O. Box 817	State	Zip	City	State	Z(p
Fairhaven Director Name	MA	02719	Director Name		
NONE Street Address			NONE Street Address		
City	State	Zip	City	State	Z.ip
10. SHARES AUTHORIZEI: AUTHORIZED SHARS	) (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT	)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			•	-	• • • • •
			: 100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	3.5-02	
Check No.:	7.79	
Ry:	2-	
FOR SECRETA	RY OF STATE USE ONLY	

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.

David J. DeMello Print or Type Name of Officer

President

Title of Officer **⊲**> s

Form 630 12/01

2. Name of Corporation Krisian, Inc.

Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-31

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

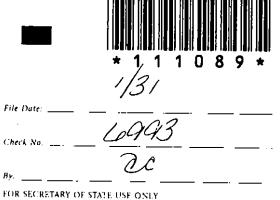


(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No 111089

3. Street Address Principal Busine.	ss Office	·	City	State	Zip
1340 Main Road 4. Business Phone No		5. State of Incorporation RHODE ISLA		RI	02878 6. SIG Code
401-624-6613 7 Brief Description of the Charact	ter of Business Conducted		IND		8888
The ownership and 8. NAMES AND ADDRE	operation of	a vessel(s).	ACHMENT) FILL IN SPACES BE.  Vice President Name	FORE USING ATTA	CHMENTS
David J. DeMello			David J. DeMello		
P.O. Box 817	State	Zıp	P.O. Box 817	State	Z.p
Fairhaven Secretary Name	MA	02719	Fairhaven Treasurer Name	MA	02719
David J. DeMello Street Address			David J. DeMello		
P.O. Box 817	State	Zip	P.O. Box 817	State	Zip
Fairhaven	M	02719	Fairhaven	MA	02719
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES B	EFORE USING ATT	_
Director Name			Director Name		
David J. DeMello Street Address			NONE Street Address		
P.O. Box. 817	State	Zıp	City	State	Zip
Fairhaven Director Name	MΩ	02719	Disastra ki		
NONE			Director Name NONE		
Street Address			Street Address		
City	State	/1p	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("x" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X" )	BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VA	LUE				
			100	Common	No Par Valu
This report must be <b>sign</b>	i <b>ed in ink</b> by eith	ier the President, Vice	President, Secretary, Assistar	it Secretary, Treas	arer, Receiver or Trus
		4511 4554		-	

Title of Officer



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

thay all statements equitained hereir	n are true and correct.
11/2 // 1/a //	1 1 - 1 -
+ Land A & ghollo	× 1/30 / 200
Signature of Vificer	Date

•	,		•	
	J. Devello	 		

Print or Type Name of Officer	
President	