



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-13  
401-222-3000

# 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. Corporate ID No. 111089		2. Name of Corporation Krisian, Inc.		
3. Street Address Principal Business Office 1340 Main Road		City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-624-6613		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island THE OWNERSHIP AND OPERATION OF A VESSEL(S)				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name David J. DeMello		Vice President Name David J. DeMello		
Street Address PO Box 817		Street Address PO Box 817		
City Fairhaven	State MA	Zip 02719	City Fairhaven	State MA
Secretary Name David J. DeMello		Treasurer Name David J. DeMello		
Street Address PO Box 817		Street Address PO Box 817		
City Fairhaven	State MA	Zip 02719	City Fairhaven	State MA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name David J. DeMello		Director Name None		
Street Address PO Box 817		Street Address		
City Fairhaven	State MA	Zip 02719	City	State
Director Name David J. DeMello		Director Name None		
Street Address PO Box 817		Street Address		
City Fairhaven	State MA	Zip 02719	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
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	2-2-05
Check No.	150
By:	KTB
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 statements contained herein are true and correct.

Signature of Officer: David J. DeMello Date: 2/2/05

David J. DeMello

Print or Type Name of Officer

President

Title of Officer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 111069		2. Name of Corporation Krisian, Inc.		
3. Street Address Principal Business Office 1340 Main Road		City Tiverton	State RI	Zip 02878
4. Business Phone No 401-624-6613		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name David J. DeMello		Vice President Name David J. DeMello		
Street Address P.O. Box 817		Street Address P.O. Box 817		
Secretary Name David J. DeMello		Treasurer Name David J. DeMello		
Street Address P.O. Box 817		Street Address P.O. Box 817		
City Fairhaven	State MA	Zip 02719	City Fairhaven	State MA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name David J. DeMello		Director Name None		
Street Address P.O. Box 817		Street Address		
City Fairhaven	State MA	Zip 02719	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
4,000 NO PAR VALUE			100	Common
				No par value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

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

2-5-04

Check No.

123

By:

22

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 statements contained herein are true and correct.

Signature of Officer

David J. DeMello 2-2-04

Date

David J. DeMello

Print or Type Name of Officer

President

Title of Officer



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1331  
401-222-3044

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
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

1340 Main Road

City

Tiverton

State

RI

Zip

02878

4. Business Phone No

401-624-6613

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

The ownership 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

David J. DeMello

Street Address

P.O. Box 817

City

Fairhaven

State

MA

Zip

02719

Vice President Name

David J. DeMello

Street Address

P.O. Box 817

City

Fairhaven

State

MA

Zip

02719

Secretary Name

David J. DeMello

Street Address

P.O. Box 817

City

Fairhaven

State

MA

Zip

02719

Treasurer Name

David J. DeMello

Street Address

P.O. Box 817

City

Fairhaven

State

MA

Zip

02719

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

David J. DeMello

Street Address

P.O. Box 817

City

Fairhaven

State

MA

Zip

02719

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 NO PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

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



\* 1 1 1 0 8 9 \*

File Date

2-6-03

Check No.

705

By:

UP

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 statements contained herein are true and correct.

Signature of Officer David J. DeMello \* 2-1-03  
Date

David J. DeMello

Print or Type Name of Officer

President David J. DeMello

Title of Officer



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1333  
401-222-3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

111089

2. Name of Corporation

Krisian, Inc.

3. Street Address Principal Business Office

1340 Main Road

City

Tiverton

State

RI

Zip

02878

4. Business Phone No.

401-624-6613

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

The ownership 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

David J. DeMello

Street Address

P.O. Box 817

City

Fairhaven

State

MA

Zip

02719

Vice President Name

David J. DeMello

Street Address

P.O. Box 817

City

Fairhaven

State

MA

Zip

02719

Secretary Name

David J. DeMello

Street Address

P.O. Box 817

City

Fairhaven

State

MA

Zip

02719

Treasurer Name

David J. DeMello

Street Address

P.O. Box 817

City

Fairhaven

State

MA

Zip

02719

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

David J. DeMello

Street Address

P.O. Box 817

City

Fairhaven

State

MA

Zip

02719

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

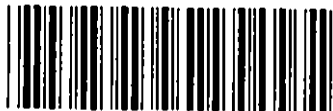
Par Value

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



\* 1 1 1 0 8 9 \*

File Date:

3-5-02

Check No.:

779

By:

*David J. DeMello*

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 statements contained herein are true and correct.

*David J. DeMello* 2-27-02  
Signature of Officer Date

David J. DeMello

Print or Type Name of Officer

President

Title of Officer

**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**

2. Name of Corporation  
**Kristian, Inc.**

3. Street Address Principal Business Office

**1340 Main Road**

City

**Tiverton**

State

**RI**

Zip

**02878**

4. Business Phone No

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code

**8888**

**401-624-6613**

7. Brief Description of the Character of Business Conducted in Rhode Island

**The ownership 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

**David J. DeMello**

Street Address

**P.O. Box 817**

City

State

Zip

**Fairhaven**

**MA**

**02719**

Secretary Name

**David J. DeMello**

Street Address

**P.O. Box 817**

City

State

Zip

**Fairhaven**

**MA**

**02719**

Vice President Name

**David J. DeMello**

Street Address

**P.O. Box 817**

City

State

Zip

**Fairhaven**

**MA**

**02719**

Treasurer Name

**David J. DeMello**

Street Address

**P.O. Box 817**

City

State

Zip

**Fairhaven**

**MA**

**02719**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**David J. DeMello**

Street Address

**P.O. Box 817**

City

State

Zip

**Fairhaven**

**MA**

**02719**

Director Name

**NONE**

Street Address

City

State

Zip

Director Name

**NONE**

Street Address

City

State

Zip

Director Name

**NONE**

Street Address

City

State

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**4,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

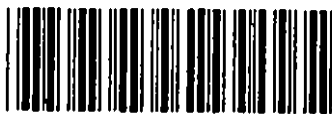
Par Value

**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



\* 1 1 1 0 8 9 \*

1/31

File Date: \_\_\_\_\_

Check No. **6993**

By: **20**

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 statements contained herein are true and correct.

**David J. DeMello**

Signature of Officer

**1/30/2001**

Date

**David J. DeMello**

Print or Type Name of Officer

**President**

Title of Officer