



State of Rhode Island  
Department of State - Business Services Division

FILED

APR 21 2025 AMP

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 1001

1. Entity ID Number 111089		2. Exact name of the Corporation Krisian, Inc.	
3. Principal Office Address 3913 Main Road, Unit E		City Tiverton	State RI
		Zip 02878	
4. NAICS Code 332420	6. Brief description of the character of business conducted in Rhode Island The ownership and operation of a vessel.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name David J. DeMello		Vice-President Name David J. DeMello	
Street Address 145 Alden Road		Street Address 145 Alden Road	
City Fairhaven	State MA	City Fairhaven	State Ma
Zip 02719		Zip 02719	
Secretary Name David J. DeMello		Treasurer Name David J. DeMello	
Street Address 145 Alden Road		Street Address 145 Alden Road	
City Fairhaven	State MA	City Fairhaven	State MA
Zip 02719		Zip 02719	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name David J. DeMello		Director Name	
Street Address 145 Alden Road		Street Address	
City Fairhaven	State MA	City	State
Zip 02719		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON
		PAR VALUE No Par Value	
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 David J. DeMello		Date 4/27/25	
Signature of Authorized Representative David J. DeMello			

## MAIL TO:

Division of Business Services

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