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BY 1001

State of Rhode Island
Department of State - Business Services Division

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.

1. Entity ID Number	2. Exact name of the Corporation			
111089	Krisian, Inc.			
3. Principal Office Address		City	State	Zip
3913 Main Road, Unit E		Tiverton	RI	02878
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
332420	The ownership and operation of a vessel.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
David J. DeMello	145 Alden Road	Fairhaven	MA	02719

Vice-President Name	Street Address	City	State	Zip
David J. DeMello	145 Alden Road	Fairhaven	Ma	02719

Secretary Name	Street Address	City	State	Zip
David J. DeMello	145 Alden Road	Fairhaven	MA	02719

Treasurer Name	Street Address	City	State	Zip
David J. DeMello	145 Alden Road	Fairhaven	MA	02719

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
David J. DeMello	145 Alden Road	Fairhaven	MA	02719
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	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	Date
X David DeMello	X 2/27/25

Signature of Authorized Representative

X David DeMello

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023