State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____2009____

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* *In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No. 47795	2. Name of Corporation HARD BOTTOM FISHERIES, INC.			

3. Street Address Principal Business Office 336 MAIN STREET	City WAKEFIELD	State RI	Zip 02879

4. Business Phone No. (401) 789-5600	5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name TIMOTHY HAUSER			Vice President Name TIMOTHY HAUSER		
Street Address 336 MAIN STREET			Street Address 336 MAIN STREET		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name TIMOTHY HAUSER			Treasurer Name TIMOTHY HAUSER		
Street Address 336 MAIN STREET			Street Address 336 MAIN STREET		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name TIMOTHY HAUSER			Director Name NONE		
Street Address 336 MAIN STREET			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED | **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares	Class/Series	Par Value
	100	COMMON	NO PAR VALUE

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.

Signature _____   Date 2/13/09

TIMOTHY D. HAUSER
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08