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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
59361	Harmony Fisheries, Inc.

3. Principal office address	City	State	Zip
High Street	Block Island	RI	02807

4. Business Phone No.	5. State of Incorporation
401-466-2861 or 508-430-5141	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Fishing and related activities

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Charlie S. Dodge	2236 Main Street	S. Chatham	MA	02659

Vice-President Name	Street Address	City	State	Zip
Clancy F Dodge	2236 Main	S. Chatham	MA	02659

Secretary Name	Street Address	City	State	Zip
~~Charlie S. Dodge~~ Clancy F Dodge	2236 Main Street	S. Chatham	MA	02659

Treasurer Name	Street Address	City	State	Zip
Charlie S. Dodge	2236 Main Street	S. Chatham	MA	02659

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Charlie S. Dodge	2236 Main Street	S. Chatham	MA	02659

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Clancy F. Dodge	2236 Main St	S. Chatham	MA	02659

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	A	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 04 2016

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 Authorized Representative — Date: 1/22/16

Charlie S. Dodge
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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