



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2017**

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>119447</b>		2. Exact name of the Corporation <b>HOPE FISHERIES, INC.</b>												
3. Principal Office Address <b>185 MIDDLEBRIDGE ROAD</b>			City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>									
4. NAICS Code <b>11 - Agriculture, Forestry, Fishi</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERICAL FISHING INDUSTRY</b>												
5. State of Incorporation <b>RHODE ISLAND</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>OSCAR D. DIAZ</b>			Vice-President Name <b>NONE</b>											
Street Address <b>185 MIDDLEBRIDGE ROAD</b>			Street Address											
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip									
Secretary Name <b>OSCAR D. DIAZ</b>			Treasurer Name <b>OSCAR D. DIAZ</b>											
Street Address <b>185 MIDDLEBRIDGE ROAD</b>			Street Address <b>185 MIDDLEBRIDGE ROAD</b>											
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <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.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>550</b></td> <td><b>COMMON</b></td> <td><b>NO PAR VALUE</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>550</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>			
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<b>550</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>												
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. <i>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.</i>														
Name of Authorized Representative <b>OSCAR D. DIAZ, PRESIDENT</b>			Date <b>2-15-17</b>											
Signature of Authorized Representative														

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED****FEB 23 2017**

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