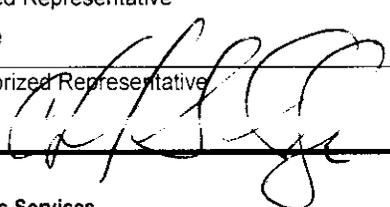




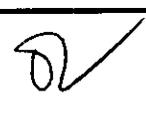
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 59361		2. Exact name of the Corporation Harmony Fisheries, Inc			
3. Principal Office Address High Street			City Block Island	State RI	Zip 02807
4. NAICS Code 11		6. Brief description of the character of business conducted in Rhode Island Fishing and related activities			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charlie S. Dodge			Vice-President Name Clancy F. Dodge		
Street Address 2236 Main Street			Street Address 2236 Main Street		
City S. Chatham	State MA	Zip 02659	City S. Chatham	State MA	Zip 02659
Secretary Name Clancy F. Dodge			Treasurer Name Charlie S. Dodge		
Street Address 2236 Main Street			Street Address 2236 Main Street		
City S. Chatham	State MA	Zip 02659	City S. Chatham	State MA	Zip 0259
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charlie S. Dodge			Director Name Clancy F. Dodge		
Street Address 2236 Main Street			Street Address 2236 Main Street		
City S. Chatham	State MA	Zip 02659	City S. Chatham	State MA	Zip 02659
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	A	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 Charlie S. Dodge					Date 6/13/17
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
 JUN 27 2017 
 BY 5592/1801 FORM 630 - Revised: 02/2017