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

FILED
FEB 14 2018
BY 12947

Annual Report for the year: 2018
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	2. Exact name of the Corporation		
47795	HARD BOTTOM FISHERIES, INC.		
3. Principal Office Address	City	State	Zip
336 MAIN STREET	WAKEFIELD	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
114111	TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY		
5. State of Incorporation			
RHODE ISLAND			

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

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

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

Director Name TIMOTHY D. 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

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
TIMOTHY D. HAUSER, PRESIDENT

Date
02-12-2018

Signature of Authorized Representative
✓ Timothy D Hauser SIGN DOCUMENT HERE

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: 10/2017