



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

Annual Report for the year: 2019
Corporation

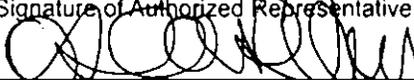
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

STAMP

MAR 25 2019

2019 **7319**

1. Entity ID Number 119447		2. Exact name of the Corporation HOPE FISHERIES, INC			
3. Principal Office Address 185 MIDDLEBRIDGE ROAD			City WAKEFIELD	State RI	Zip 02879
4. NAICS Code 114111		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name OSCAR D DIAZ			Vice-President Name NONE		
Street Address 185 MIDDLEBRIDGE ROAD			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Secretary Name OSCAR D DIAZ			Treasurer Name OSCAR D DIAZ		
Street Address 185 MIDDLEBRIDGE ROAD			Street Address 185 MIDDLEBRIDGE ROAD		
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 <input type="checkbox"/>					
Director Name NOT APPLICABLE			Director Name NOT APPLICABLE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NOT APPLICABLE			Director Name NOT APPLICABLE		
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		CLASS/SERIES
			550		COMMON
			PAR VALUE		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. <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 OSCAR D DIAZ, PRESIDENT				Date 12/18/18	
Signature of Authorized Representative 			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