

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Form 630 Rev. 12/03

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
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Flling Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 119447 Hope Fisheries, Inc. 3. Street Address Principal Business Office 94 Shickasheen Way State West Kingston RΙ 02892 4. Business Phone No. 5 State of Incorporation 6. SIC Code (401) 792 - 8755 2246 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Oscar Diaz <u>Arli</u>ne Diaz Street Address 94 Shickasheen Way Shickasheen Way <sup>χφ</sup>02892 <sup>Žip</sup>02892 West Kingston West Kingston Treasurer\_Name\_ . Oscar Diaz Arline Diaz Street Address Street Address 94 Shickasheen Way 94 Shickasheen Way State West Kingston 02892 RΙ West Kingston RI02892 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS .OSCAR DIAZ ARLINE DIAZ Street Address 94 Shickasheen Way 94 Shickasheen Way State RI West Kingston <sup>Ζφ</sup>02892 02892 West Kingston Director Name Director Name Street Address Street Address State Ζір City Zφ 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 NO PAR VALUE 600 Common No Par Value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. File Date \_2-23.05 accon Signature of Officer Oscar Diaz Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 119447 Hope Fisheries, Inc. 3. Street Address Principal Business Office State Zip City 94 Shickasheen Way West Kingston RI 02892 4. Business Phone No. 5. State of Incorporation 6. SIC Code 2246 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERCIAL FISHING INDUSTRY 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Oscar D. Diaz Arline Diaz Street Address Street Address 94 Shickasheen Way 94 Shickasheen Way Zip State Zip West Kingston 02892 RI West Kingston Secretary Name Treasurer Name Arline Diaz Oscar Diaz Street Address Street Address 94 Shickasheen Way 94 Shickasheen Way State West Kingston RI 02892 02892 West Kingston RI Director Name Oscar D. Diaz Arline Diaz Street Address Street Address 94 Shickasheen Way 02892 West Kingston 02892 Director Name Street Address Street Address City State State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Scries Par Value 600 NO PAR VALUE 600 Common No Par Value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Signature of Officer Oscar D. Diaz Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street. Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

iling Period:	January	1-March 1	•	Filling	Fee: \$50.00	
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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

Hope Fisheries, Inc.

3. Street Address Principal Business Office

94 Shickasheen Way

West Kingston

State

RI

Zip

4. Business Phone No.

5. State of Incorporation

02892 6. SIC Code

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

Commercial Fishing

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Secretary Name

Street Address

City

Vice President Name

Oscar D. Diaz Street Address

94 Shickasheen Way

94 Shickasheen Way

West Kingston

Arline Diaz

RI

Zio

02892

94 Shickasheen Way

Street Address

West Kingston

Arline Diaz

2.10 02892

Treasurer Name

Oscar D. Diaz

Street Address

94 Shickasheen Way

West Kingston

RI

02892

West Kingston

RI

02892

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Oscar D. Diaz

Street Address

94 Shickasheen Way

West Kingston

Director Name

Zip

02892

Arline Diaz

Street Address

Director Name

94 Shickasheen Way

West Kingston

210 02892

Director Name

Street Address

Street Address

City

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

State

Class/Series

Zio

Par Value

City

State

ZIp

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUTED SHARES

Number of Shares

Class/Series

Par Value

**600 NO PAR VALUE** 

600

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

FOR SECRETARY OF STATE USE ONLY

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 Officer

<u>Oscar D. Diaz</u> Print or Type Name of Officer

President

Title of Officer **400**≥ 5

Form 630 12/02

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

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Filing Perlod: January	1-March 1 •	Filing Fee: \$50.00			IXSTRUCTIONS
(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No.	2. Name of Corpora	itlon			
119447	Hope Fi	sheries, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
94 Shickasheen	way		West Kingston	RI	02892
4. Business Phone No.	·	5. State of Incorporation			6. SIC Code
•		Rhode Isl	land		2246
7. Brief Description of the Characte		in Rhode Island			
commercial fis	shing		•		
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR ATTAC			
President Name			Vice President Name		
Oscar D. Diaz			Arline Diaz		
Street Address			Street Address	••	
94 Shickasheer	ı Way		94 Shickasheen	-	<b></b>
City	State	Zip	City	State	Zip
West Kingston	RI	02892	West Kingston	RI	02892
Secretary Name			Treasurer Name		
Arline Diaz			Oscar D. Diaz		
Street Address		•	Street Address	_	
94 Shickasheer	n Way		94 Shickasheen	Way	
City	State	Zip	City	State	Zip
West Kingston	RΙ	02892	West Kingston	RI	02892
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT)	•	
Director Name			Director Name		
Oscar D. Diaz			Arline Diaz		
Street Address			Street Address		
94 Shickasheer	n Way		94 Shickasheen	Way	
City	State	Zip	City	State	Zip
West Kingston	RI	02892	West Kingston	RI	02892
Director Name			Director Name		• •
Street Address			Street Address	•	
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORIZED SHARES	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMEN	(דנ
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par val	ue 600	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Dote: 3/13/02,
Check No.: 2459
By: FOR SECRETARY OF STATE USE ONLY

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.

Ozcan	0	Dian	3-11-02
Signature of Officer			Date
0 D	Diag		

Oscar D. Diaz

Print or Type Name of Officer

President

Title of Officer