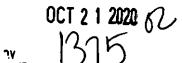
RI SOS Filing Number: 202067905010 Date: 10/21/202014 0



State of Rhode Island and Providence Plantations

Department of State - Business Services Division



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 2020

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company falling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| 1. ID No. 000101321 | 2. Exact name of the limited liability company Harvest Moon LLC | | | | 3. NAICS Code 488330 | |
|---|---|----------------------|--|--|-------------------------|--|
| 4. Brief description of the character of the business which is actually condi- ownership and operation fo a fishing vessel | | | cted in Rhode Island | Rhode Island 5. State of Formation Rhode Island | | |
| 6. Principal office address 11 Sedge Court | | City Narragansett | State RI | 7.ip 02882 | | |
| Contact Name John E. Fish, J | | HATY COMPANY AND | NAME OR TITLE OF CONTACT Contact Title Manager | | | |
| Street Address 11 Sedge Court | | | City Narragansett | State RI | 02882 | |
| Manager Name John E. Fish, Jr. Sireel Address 11 Sedge Court | | | Manager Name Street Address | | | |
| John E. Fish, Street Address 11 Sedge Court | | | Street Address | | | |
| John E. Fish, . | | Zip 02882 | | State | Zip | |
| John E. Fish, Street Address 11 Sedge Court City | State | 1 ' | Street Address | State | Zip | |
| John E. Fish, Street Address 11 Sedge Court City Narragansett | State | 1 ' | Street Address City | State | Zip | |
| John E. Fish, Street Address 11 Sedge Court City Narragansett Manager Name | State | 1 ' | Street Address City Manager Name | State | Zip | |
| John E. Fish, Street Address 11 Sedge Court City Narragansett Manager Name Street Address City | State RI | 02882 | Street Address City Manager Name Street Address | | | |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

| File Date | |
|---------------------------------|---|
| Check No. | _ |
| Вус | |
| 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.

Ignature of Authorized Person Date

John E. Fish, Jr., Manager