



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

FILED

OCT 21 2020 *RL*

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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 conducted in Rhode Island ownership and operation for a fishing vessel				5. State of formation Rhode Island	
6. Principal office address 11 Sedge Court		City Narragansett		State RI	Zip 02882
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John E. Fish, Jr.		Contact Title Manager			
Street Address 11 Sedge Court		City Narragansett		State RI	Zip 02882
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name John E. Fish, Jr.		Manager Name			
Street Address 11 Sedge Court		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 James V. Aukerman					

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

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.

John E Fish Jr. *10-11-2020*
Signature of Authorized Person Date

John E. Fish, Jr., Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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