



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

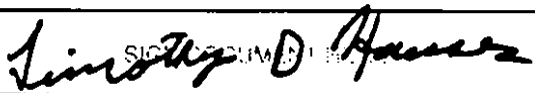
Annual Report for the year: **2021**
Corporation

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

FILED

FEB 24 2021

BY

1. Entity ID Number 00047795		2. Exact name of the Corporation Hard Bottom Fisheries, Inc.											
3. Principal Office Address 310 Wordens Pond 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 Timothy D. Hauser		Vice-President Name Timothy D. Hauser											
Street Address 310 Wordens Pond Road		Street Address 310 Wordens Pond Road											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI									
Secretary Name Timothy D. Hauser		Treasurer Name Timothy D. Hauser											
Street Address 310 Wordens Pond Road		Street Address 310 Wordens Pond Road											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>													
Director Name Timothy D. Hauser		Director Name											
Street Address 310 Wordens Pond Road		Street Address											
City Wakefield	State RI	Zip 02879	City	State									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
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.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">100</td> <td style="text-align:center;">Common</td> <td style="text-align:center;">No par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par value			
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		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			Date 02/17/2021										
Signature of Authorized Representative 													

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017