



Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JUN - 4 2021

BY 259

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

1. Entity ID Number 000119447		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 RI					
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		
Street Address 185 MIDDLEBRIDGE RD			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 RD			Street Address 185 MIDDLEBRIDGE RD		
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 550	CLASS/SERIES CNP	PAR VALUE \$0.000
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 VINCENT T. CANNON, ESQ.					Date 6/1/2021
Signature of Authorized Representative <i>Vincent T Cannon Esq</i>					

MAIL TO:
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