



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|--|--------------------|---|---|---------------------------|---------------------|
| 1. Entity ID Number 000064545 | | 2. Exact name of the Corporation Hope Valley Bait & Tackle Inc | | | |
| 3. Principal Office Address 1150 Main Street | | | City Wyoming | State RI | Zip 02898 |
| 4. NAICS Code 451110 | | 6. Brief description of the character of business conducted in Rhode Island Sporting Goods, Sales and Rental of Hunting, Fishing Tackle, Bait and Equipment | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name William Hopkins | | | Vice-President Name William Hopkins | | |
| Street Address 11 News Street | | | Street Address 11 New Street | | |
| City Rockville | State RI | Zip 02873 | City Rockville | State RI | Zip 02873 |
| Secretary Name William Hopkins | | | Treasurer Name William Hopkins | | |
| Street Address 11 New Street | | | Street Address 11 New Street | | |
| City Rockville | State RI | Zip 02873 | City Rockville | State RI | Zip 02873 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name William Hopkins | | | Director Name | | |
| Street Address 11 News Street | | | Street Address | | |
| City Rockville | State RI | Zip 02873 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 100 | CNP | 0.00 |
| 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 William Hopkins | | | | Date 09/23/2022 | |
| Signature of Authorized Representative | | | | | |

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