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

FILED
MAR 07 2024
BY 15603
DS

Annual Report for the year: 2024
Corporation

→ 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	2. Exact name of the Corporation
00047795	Hard Bottom Fisheries, Inc.

3. Principal Office Address	City	State	Zip
310 Wordens Pond Road	Wakefield	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
114111	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 ☐

	President	Vice-President
Name	Timothy D. Hauser	Timothy D. Hauser
Street Address	310 Wordens Pond Road	310 Wordens Pond Road
City / State / Zip	Wakefield / RI / 02879	Wakefield / RI / 02879

	Secretary	Treasurer
Name	Timothy D. Hauser	Timothy D. Hauser
Street Address	310 Wordens Pond Road	310 Wordens Pond Road
City / State / Zip	Wakefield / RI / 02879	Wakefield / RI / 02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director		Director
Name	Timothy D. Hauser		
Street Address	310 Wordens Pond Road		
City / State / Zip	Wakefield / RI / 02879		/ /
Name			
Street Address			
City / State / Zip	/ /		/ /

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Timothy D. Hauser	2/28/2024

Signature of Authorized Representative: Timothy D. Hauser (SIGN DOCUMENT HERE)

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017