



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

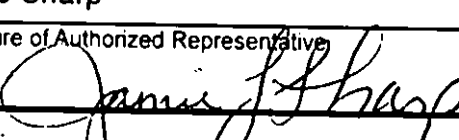
→ Filing period: February 1 - May 1

→ 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 <b>1659061</b>		2. Exact name of the Corporation <b>Hula Fish Creative, Inc.</b>	
3. Principal Office Address <b>610 Ten Rod Road, Suite 3NE</b>		City <b>North Kingstown</b>	State <b>RI</b>
		Zip <b>02852</b>	
4. NAICS Code <b>541511</b>	6. Brief description of the character of business conducted in Rhode Island <b>Web design and any other lawful business.</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jamie Sharp</b>		Vice-President Name <b>Jennifer Giardino</b>	
Street Address <b>610 Ten Rod Road, Suite 3NE</b>		Street Address <b>610 Ten Rod Road, Suite 3NE</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>North Kingstown</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02852</b>	
Secretary Name <b>Jennifer Giardino</b>		Treasurer Name <b>Jamie Sharp</b>	
Street Address <b>610 Ten Rod Road, Suite 3NE</b>		Street Address <b>610 Ten Rod Road, Suite 3NE</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>North Kingstown</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02852</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>None</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		<b>100</b>	<b>Common</b>
			<b>No Par Value</b>
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. <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.</b>			
Name of Authorized Representative <b>Jamie Sharp</b>		Date <b>2/29/24</b>	
Signature of Authorized Representative 		BY <b>139R7</b>	

MAIL TO:  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)