State of Rhode Island

Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation			
1659061	Hula Fish Creative, Inc.			
3. Principal Office Address		City	State	Zip
610 Ten Rod Road, Suite 3NE		North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541511	Web design and any other lawful business.			
5. State of Incorporation				
Rhode Island				

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

President Name: Jamie Sharp			Vice-President Name: Jennifer Giardino		
Street Address: 610 Ten Rod Road, Suite 3NE			Street Address: 610 Ten Rod Road, Suite 3NE		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Jennifer Giardino			Treasurer Name: Jamie Sharp		
Street Address: 610 Ten Rod Road, Suite 3NE			Street Address: 610 Ten Rod Road, Suite 3NE		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

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

Director Name: None			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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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.

FILED

Name of Authorized Representative: Jamie Sharp

MAY 31 2024

Date: 2/29/24

Signature of Authorized Representative: Jamie J Sharp

BY 13987

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: 11/2021