



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

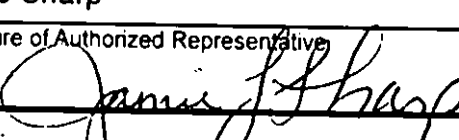
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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A11P

1. Entity ID Number 1659061		2. Exact name of the Corporation Hula Fish Creative, Inc.			
3. Principal Office Address 610 Ten Rod Road, Suite 3NE		City North Kingstown		State RI	Zip 02852
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island 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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					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 Jamie Sharp					Date 2/29/24
Signature of Authorized Representative 					BY 139R7

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov