



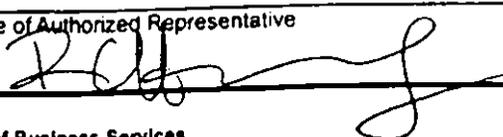
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

REC'D RIDOS BSD
25 JAN 10 PM 2:05:18

1. Entity ID Number 000060227		2. Exact name of the Corporation Hauser Foods, Inc.			
3. Principal Office Address 59 Tom Harvey Road			City Westerly	State RI	Zip 02891
4. NAICS Code 311351		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE AND SELL CHOCOLATE EDIBLES			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rudolf C Hauser, Jr.			Vice-President Name Lucille S. Hauser		
Street Address 10 Narragansett Avenue			Street Address 26 Mainsail Drive		
City Westerly	State RI	Zip 02891	City Noank	State CT	Zip 06304
Secretary Name Lucille S. Hauser			Treasurer Name Rudolf C Hauser, Jr.		
Street Address 26 Mainsail Drive			Street Address 10 Narragansett Avenue		
City Noank	State CT	Zip 06304	City Westly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		200		CNP	
				0	
				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 Rudolf C Hauser, Jr.					Date 12-12-2024
Signature of Authorized Representative 					

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

RI DOS ~~WATER~~ SUBSTANTIVE EDITS

FILED

JAN 10 2025

BY TRXK9

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FORM 630- Revised 12/2023