RI SOS Filing Number: 202570408790 Date: 4/11/2025 4:00:00 PM

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

FILED
APR 11 2025
BY 15619

STAMP
FOR SECRETARY OF STATE USE ONLY

**Annual Report for the year: 2025**
**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 Name: **Timothy D. Hauser** | | | Vice-President Name: **Timothy D. Hauser** | | |
| Street Address: **310 Wordens Pond Road** | | | Street Address: **310 Wordens Pond Road** | | |
| City: **Wakefield** | State: **RI** | Zip: **02879** | City: **Wakefield** | State: **RI** | Zip: **02879** |
| Secretary Name: **Timothy D. Hauser** | | | Treasurer Name: **Timothy D. Hauser** | | |
| Street Address: **310 Wordens Pond Road** | | | Street Address: **310 Wordens Pond Road** | | |
| City: **Wakefield** | State: **RI** | Zip: **02879** | City: **Wakefield** | State: **RI** | Zip: **02879** |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: **Timothy D. Hauser** | | | Director Name | | |
| Street Address: **310 Wordens Pond Road** | | | Street Address | | |
| City: **Wakefield** | State: **RI** | Zip: **02879** | 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.**

**Changes require an additional filing.**

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

| 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** | 02-07-25 |

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**