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

FILED
APR 11 2025
BY 15619

STAMP
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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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **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.

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