State of Rhode Island

Department of State - Business Services Division

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2025 MAY 30 AM 8:49
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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.

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	Vice-President Name
Jamie Sharp	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	Director Name
None	
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.

Name of Authorized Representative	Date
Jamie Sharp	1/22/25

Signature of Authorized Representative: Jamie Sharp

FILED
MAY 30 2025
BY 8414

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