State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
17673	HOPE SERVICE STATION

3. Street Address Principal Business Office	City	State	Zip
1 Hope Avenue • Hope, RI 02831			

4. Business Phone No.	5. State of Incorporation
401 3382436	RI

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
SAMUEL BROWN	MAUREEN BROWN
Street Address: 56 HARRINGTON AVE	Street Address: 56 HARRINGTON AVE
City: HOPE State: R.I. Zip: 02831	City: HOPE State: R.I. Zip: 02831
Secretary Name	**Treasurer Name**
MAUREEN BROWN	SAMUEL BROWN
Street Address: 56 HARRINGTON AVE	Street Address: 56 HARRINGTON AVE
City: HOPE State: R.I. Zip: 02831	City: HOPE State: R.I. Zip: 02831

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
SAMUEL BROWN	MAUREEN BROWN
Street Address: 56 HARRINGTON AVE	Street Address: 56 HARRINGTON AVE
City: HOPE State: R.I. Zip: 02831	City: HOPE State: R.I. Zip: 02831
Director Name	**Director Name**
CHRISTINE WOODBURY	DONNA CANVEL
Street Address: 56 ROCKEY HILL RD	Street Address: EMORY ST.
City: NORTH SCITUATE State: R.I. Zip: 02857	City: WARWICK State: R.I. Zip: 02886

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100		NO

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.

[redacted]

[redacted]

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.

Samuel Brown — 1-28-09
Signature — *Date*

SAMUEL BROWN
Print or Type Name

PRES
Title

[redacted]

File Date: FILED
Check No: JAN 29 2009
By: By 14870
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08