



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 2011**

**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(c) 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. 17673		2. Name of Corporation HOPE SERVICE STATION INC	
3. Street Address Principal Business Office 1 HOPE AVE		City HOPE	State R.I.
4. Business Phone No. 401 823-2626		5. State of Incorporation R.I.	
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO REPAIR			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name SAMUEL F BROWN		Vice President Name MAUREEN L BROWN	
Street Address 56 HARRINGTON AVE		Street Address 56 HARRINGTON AVE	
City HOPE	State R.I.	City HOPE	State R.I.
Zip 02831	Zip 02831	Zip 02831	Zip 02831
Secretary Name MAUREEN L BROWN		Treasurer Name SAMUEL F BROWN	
Street Address 56 HARRINGTON AVE		Street Address 56 HARRINGTON AVE	
City HOPE	State R.I.	City HOPE	State R.I.
Zip 02831	Zip 02831	Zip 02831	Zip 02831
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name SAME		Director Name SAME	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED	
		Number of Shares 100	Class Series 0
		Par Value 0	

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.

**FILED**

File Date: FEB 15 2011  
Check No.:  
By: BY 17439  
FOR SECRETARY OF STATE USE ONLY

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.

Signature: Samuel F. Brown Date: 2-5-11  
Print or Type Name: SAMUEL F BROWN  
Title: PRES