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.	2. Name of Corporation
17673	HOPE SERVICE STATION INC

3. Street Address Principal Business Office	City	State	Zip
1 HOPE AVE	HOPE	RI	02831

4. Business Phone No.	5. State of Incorporation
401 822-2606	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)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

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

Director Name			Director Name		
SAME			SAME		
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

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		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.

[redacted]

FILED

File Date FEB 15 2011

Check No. BY 17439

By:

FOR SECRETARY OF STATE USE ONLY

[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 F. Brown 2-5-11
Signature *Date*

SAMUEL F BROWN
Print or Type Name

PRES
Title

[redacted]

Form 630 Rev. 08/08