



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 91906		2. Name of Corporation MARLENE HOPE, INC.							
3. Street Address Principal Business Office 60 JONATHAN WAY				City CRANFORD		State RI	Zip 02920		
4. Business Phone No. 401-942-3077			5. State of Incorporation RI						
6. Brief Description of the Character of Business Conducted in Rhode Island TO DEAL IN REAL ESTATE									
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS									
President Name MARLENE KIRSTENBAUM				Vice President Name					
Street Address 60 JONATHAN WAY				Street Address					
City CRANFORD		State RI	Zip 02920	City		State	Zip		
Secretary Name				Treasurer Name					
Street Address				Street Address					
City		State	Zip	City		State	Zip		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS									
Director Name NONE				Director Name					
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 ("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 MUST BE COMPLETED					
				Number of Shares 600		Class/Series		Par Value 0	

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 CORPORATIONS DIV
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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 **MAR 31 2011**
 Check No. _____
 By: *[Signature]*
 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] _____
 Signature Date
 MARLENE H. KIRSTENBAUM
 Print or Type Name
 PRESIDENT
 Title