



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2000

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>17690</u>		2. Exact name of the Corporation <u>HOPE ST. KFC, INC.</u>			
3. Principal office address <u>805 N. MAIN ST.</u>		City <u>PROV.</u>	State <u>RI</u>	Zip <u>02904</u>	
4. Business Phone No. <u>401-272-3950</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief description of the character of business conducted in Rhode Island <u>RETAIL - QUICK SERVICE RESTAURANT - KENTUCKY FRIED CHICKEN</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>JOHN DALUZ</u>			Vice-President Name <u>DONALD A. LOPES</u>		
Street Address <u>630 SMITHFIELD RD.</u>			Street Address <u>73 DUNCAN AVE.</u>		
City <u>NORTH PROV.</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02906</u>
Secretary Name <u>SAME AS ABOVE</u>			Treasurer Name <u>DONALD A. LOPES</u>		
Street Address			Street Address <u>SAME AS ABOVE</u>		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>JOHN DALUZ</u>			Director Name <u>DONALD A. LOPES</u>		
Street Address <u>SAME AS ABOVE</u>			Street Address <u>SAME AS ABOVE</u>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>10</u>	<u>COMMON</u>	<u>1.00</u>
			<u>10</u>	<u>COMMON</u>	<u>1.00</u>

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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.

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 JUN 22 2012  
 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 of Authorized Representative: [Signature] Date: June 22, 2012  
 Print or Type Name of Authorized Representative: DONALD A. LOPES

BY D173349