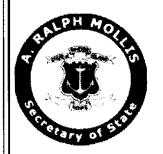
State of Rhode Island and Providence Plantations - Domestic Profit Corpor... Page 1 of 3



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

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

| LOGOUT |

Fee: \$50.00

Business Corporation Annual Report

Filing Period: January 1 - March 1

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.

Help with this form

| ANNUAL REPORT YEAR | A | NN | UAL | REPORT | YEAR: |
|---------------------------|---|----|-----|--------|-------|
|---------------------------|---|----|-----|--------|-------|

- 1. Corporate ID No.
- 000017673
- 2. Name of Corporation HOPE SERVICE STATION, INC.
- 3. Street Address Principal Business Office:

No. and Street: 1 HOPE AVENUE

City or Town:

HOPE

State: RI

Zip: 02831

Country: USA

4. Business Phone No. 401 828 3626

5. State of Incorporation

State: RI

FILED

DEC 1 9 2012 19270

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

State of Rhode Island and Providence Plantations - Domestic Profit Corpor... Page 2 of 3

| OTHA | DI | PΔ | TR |
|------|----|----|----|

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title | Incorporator is no longer applicable; please delete.

| Delete | Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------|-----------|--|---|
| , | PRESIDENT | SAMUEL BROWN | 56 HARRINGTON AVENUE HOPE, RI 02831 USA |

| Select From Below Title: | | | |
|---|---------------------|----------|-----|
| First Name: Maurell Middle Name: LouisE | Last Name: BROWN | Suffix: | |
| Address: Sto Harrington City: HopE ave. | State RF Zip: 01831 | Country: | |
| ave. | | Clear | Add |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share Mo | Total Authorized Shares Number of Shares | Total Issued and Outstanding <i>Num of</i> <i>Shares</i> |
|----------------|-----------------|------------------------------|--|---|
| CNP | | \$0.0000 | 100.00 | 100.00 |

9. 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.

| · | |
|--|--------------------------------|
| Filer's Contact Information (Enter a contact name, mailing address and en | mail.) DEC 1 9 2012 |
| Contact Name: Samuel Brown | BY ID 17623 |
| Business Name: Hope Service Station | |
| No. and Street: P.O Box | - Same Address as - P.I. 0283/ |
| 1 Hopé | |

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| City or Town: Hope State: R.J. Zip:01831 Country: Pmm. Contact Phone: 401 ext: 81821016 Contact Email: Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail. |
|---|
| Signed this 17 Day of December, 2012 at 1:40:19 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2. By |
| 1 · * |
| Signature of Authorized Representative of the Corporation |
| Title Pres. |
| This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7. |
| By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this Accept Decline |
| |
| Click HERE to Submit This Information |
| Form No. 630 |
| Revised 09/07 DEC 1 9 2012 |
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