



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

Fee: \$50.00

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

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**Business Corporation
Annual Report**

Filing Period: January 1 - March 1



Help with this form

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.

ANNUAL 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 2626

5. State of Incorporation

State: RI

FILED

DEC 19 2012

BY

19270

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

AUTO REPAIR

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 If officers and/or directors have been elected, the title **Incorporator** is no longer applicable; please delete.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 <i>TRES.</i>	SAMUEL BROWN	56 HARRINGTON AVENUE HOPE, RI 02831 USA

Select From Below Title:

First Name: *Maureen* Middle Name: *LOUISE* Last Name: *BROWN* Suffix:
 Address: *56 Harrington Ave.* City: *HOPE* State: *RI* Zip: *02831* Country:

8. Shares Authorized and Issued

Class of Stock <i>ISD</i>	Series of Stock <i>500</i>	Par Value Per Share <i>NO</i>	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
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.

FILED**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: *Samuel Brown*Business Name: *Hope Service Station*No. and Street: *P.O Box*
1 HOPE

DEC 19 2012

BY *ED 17673*- Same Address as - *RI, 02831*

City or Town: HOPE State: R.I. Zip: 02831 Country: PAWS

Contact Phone: 401 ext: 8232126

Contact Email:

[Clear](#)

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 Samuel F. Brown

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

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