



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>10673</u>		2. Exact name of the Corporation <u>HOPE SERVICE STATION Inc.</u>	
3. Principal Office Address <u>1 HOPE AVE</u>		City <u>Hope</u>	State <u>RI</u>
		Zip <u>02831</u>	
4. NAICS Code <u>44.45</u>	6. Brief description of the character of business conducted in Rhode Island <u>AUTO REPAIR</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>SAMUEL BROWN</u>		Vice-President Name <u>MAUREEN BROWN</u>	
Street Address <u>56 HARRINGTON</u>		Street Address <u>56 HARRINGTON</u>	
City <u>HOPE</u>	State <u>RI</u>	City <u>HOPE</u>	State <u>RI</u>
	Zip <u>02831</u>		Zip <u>02831</u>
Secretary Name <u>MAUREEN BROWN</u>		Treasurer Name <u>SAMUEL BROWN</u>	
Street Address <u>56 HARRINGTON</u>		Street Address <u>56 HARRINGTON AVE</u>	
City <u>HOPE</u>	State <u>RI</u>	City <u>HOPE</u>	State <u>RI</u>
	Zip <u>02831</u>		Zip <u>02831</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>SAME</u>		Director Name <u>SAME</u>	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized This information is currently of record in the Department of State. <u>yes</u> Changes require an additional filing. <u>no</u>		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		<u>100</u>	<u>no</u>
		<u>100</u>	<u>no</u>
11. 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. 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.			
Name of Authorized Representative <u>SAMUEL Brown</u>		Date <u>8/11/17</u>	
Signature of Authorized Representative <u>Samuel Brown</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

AUG 16 2017

BY

25409