



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
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Annual Report for the year: 2018
Corporation

- 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>000091906</u>		2. Exact name of the Corporation <u>MARLENE HOP, INC.</u>					
3. Principal Office Address <u>60 JONATHAN WAY</u>				City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>TO DEAL W REAL ESTATE</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>MARLENE KIRSHENBAUM</u>				Vice-President Name			
Street Address <u>60 JONATHAN WAY</u>				Street Address			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip		
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name <u>NON</u>				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 Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIFS		PAR VALUE
			<u>600</u>				<u>0</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>[Signature]</u>					Date <u>3/29/18</u>		
Signature of Authorized Representative <u>[Signature]</u>					FILED SIGN DOCUMENT HERE MAR 29 2018		

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

BY KL 307619