



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 17673		2. Name of Corporation HOPE SERVICE STATION, INC.			
3. Street Address Principal Business Office 1 HOPE AVENUE			City HOPE	State RI	Zip 02831
4. Business Phone No. 401-828-2626		5. State of Incorporation RHODE ISLAND		6. SIC Code 3558	
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SAMUEL BROWN			Vice President Name MAUREEN L BROWN		
Street Address 56 HARRINGTON AVENUE			Street Address 56 HARRINGTON AVENUE		
City HOPE	State RI	Zip 02831	City HOPE	State RI	Zip 02831
Secretary Name MAUREEN L BROWN			Treasurer Name SAMUEL BROWN		
Street Address 56 HARRINGTON AVENUE			Street Address 56 HARRINGTON AVENUE		
City HOPE	State RI	Zip 02831	City HOPE	State RI	Zip 02831
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAMUEL BROWN			Director Name MAUREEN BROWN		
Street Address 56 HARRINGTON AVENUE			Street Address 56 HARRINGTON AVENUE		
City HOPE	State RI	Zip 02831	City HOPE	State RI	Zip 02831
Director Name CHRISTWOOD BURY			Director Name DONNA GRAVEL		
Street Address 87 Rocky Hill Road			Street Address Philip's STREET		
City NORTH SCITUATE	State RI	Zip 02857	City WARWICK	State RI	Zip 02886
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
100 COMM NO PAR VALUE			100		No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-18-05
Check No.: 9514
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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 Officer: Samuel Brown
Date: 1-14-05
Print or Type Name of Officer: SAMUEL BROWN
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 17673		2. Name of Corporation HOPE SERVICE STATION, INC.			
3. Street Address Principal Business Office 1 Hope Ave			City Hope	State RI	Zip 02831
4. Business Phone No 401-828-2626		5. State of Incorporation RHODE ISLAND			6. SIC Code 3558
7. Brief Description of the Character of Business Conducted in Rhode Island AUTC SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SAMUEL BROWN			Vice President Name MAUREEN BROWN		
Street Address 56 HARRINGTON AVE			Street Address 56 HARRINGTON AVE		
City HOPE	State RI	Zip 02831	City HOPE	State RI	Zip 02831
Secretary Name MAUREEN BROWN			Treasurer Name SAMUEL BROWN		
Street Address 56 HARRINGTON AVE			Street Address 56 HARRINGTON AVE		
City HOPE	State RI	Zip 02831	City HOPE	State RI	Zip 02831
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAMUEL BROWN			Director Name MARY MAUREEN		
Street Address 56 HARRINGTON AVE			Street Address 7 MILE ROAD		
City HOPE	State RI	Zip 02831	City HOPE	State RI	Zip 02831
Director Name MAUREEN BROWN			Director Name		
Street Address 56 HARRINGTON AVE			Street Address		
City HOPE	State RI	Zip 02831	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE		NO PAR VALUE	100		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 7 6 7 3 *

File Date 1-16-04
Check No. 7967
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Samuel Brown
Signature of Officer
Date
SAMUEL BROWN
Print or Type Name of Officer
PRES
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **17673**
2. Name of Corporation **HOPE SERVICE STATION, INC.**
3. Street Address Principal Business Office
1 HOPE AVE
4. Business Phone No. **401 828 2626**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
AUTO REPAIR

City **HOPE** State **RI** Zip **02831**
6. SIC Code **3558**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **SAMUEL F BROWN**
Street Address **56 HARRINGTON AVE**
City **HOPE** State **RI** Zip **02831**

Vice President Name **MAUREEN L. BROWN**
Street Address **56 HARRINGTON AVE**
City **HOPE** State **RI** Zip **02831**

Secretary Name **MAUREEN L BROWN**
Street Address **56 HARRINGTON AVE**
City **HOPE** State **RI** Zip **02831**

Treasurer Name **SAMUEL F BROWN**
Street Address **56 HARRINGTON AVE**
City **HOPE** State **RI** Zip **02831**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **MARY MADDEN**
Street Address **7 MILE ROAD**
City **HOPE** State **RI** Zip **02831**

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	100	COMM NO PAR VALUE	NONE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100		NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 7 6 7 3 *

File Date: **5-2-03**

Check No.: **6733**

By: **[Signature]**

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.

Samuel F. Brown **4/18/03**
Signature of Officer Date

SAMUEL F. BROWN
Print or Type Name of Officer

Pres.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17673**
2. Name of Corporation **HOPE SERVICE STATION, INC.**
3. Street Address Principal Business Office
1 HOPE AVE
4. Business Phone No. **828 2626**
5. State of Incorporation **RHODE ISLAND**

City **HOPE** State **RJ** Zip **02831**
6. SIC Code **3558**

7. Brief Description of the Character of Business Conducted in Rhode Island
SERVICE STATION

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **SAMUEL F BROWN**
Street Address **56 HARRINGTON AVE**
City **HOPE** State **RJ** Zip **02831**
Secretary Name **MAUREEN L BROWN**
Street Address **SAME**
City **SAME** State **SAME** Zip **SAME**

Vice President Name **MAUREEN L BROWN**
Street Address **56 HARRINGTON AVE**
City **HOPE** State **RJ** Zip **02831**
Treasurer Name **SAMUEL F BROWN**
Street Address **SAME**
City **SAME** State **SAME** Zip **SAME**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **SAMUEL F BROWN**
Street Address
City State Zip

Director Name **MAUREEN L BROWN**
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 COMM NO PAR VALUE 0

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 7 6 7 3 *

4-15-02

File Date: _____

5707

Check No.: _____

By: **[Signature]**

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.

Samuel F. Brown **2/7/02**
Signature of Officer Date

SAMUEL F BROWN
Print or Type Name of Officer

PRES.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17673** 2. Name of Corporation **HOPE SERVICE STATION, INC.**
 3. Street Address Principal Business Office City State Zip
1 HOPE AVE **HOPE** **RJ** **02831**
 4. Business Phone No. 5. State of Incorporation 6. SIC Code
 RHODE ISLAND **5558**

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

AUTO SERVICE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name SAMUEL BROWN	Vice President Name MAUREEN BROWN
Street Address 56 HARRINGTON AVE	Street Address
City State Zip HOPE R.I. 02831	City State Zip
Secretary Name MAUREEN BROWN	Treasurer Name SAMUEL BROWN
Street Address SAME	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 SHS NO PAR COM		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100 NO PAR		NO

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 7 6 7 3 *

File Date 1/26
 Check No: 3636
 By ae

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.

Samuel Brown 1/26/01
 Signature of Officer Date

SAMUEL BROWN
 Print or Type Name of Officer

PRES.
 Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17673** 2. Name of Corporation **HOPE SERVICE STATION, INC.**

3. Street Address Principal Business Office
One Hope Avenue
City: Hope State: RI Zip: 02831
4. Business Phone No. 401-828-2626
5. State of Incorporation **RHODE ISLAND**
6. SIC Code **3558**

7. Brief Description of the Character of Business Conducted in Rhode Island
Auto repair

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Samuel Brown Street Address Harrington Avenue City State Zip Hope RI 02831	Vice President Name Maureen L. Brown Street Address Harrington Avenue City State Zip Hope RI 02831
Secretary Name Maureen L. Brown Street Address Harrington Avenue City State Zip Hope RI 02831	Treasurer Name Samuel Brown Street Address Harrington Avenue City State Zip Hope RI 02831

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Samuel Brown Street Address Harrington Avenue City State Zip Hope RI 02831	Director Name Maureen L. Brown Street Address Harrington Avenue City State Zip Hope RI 02831
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 SHS NO PAR COM

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 7 6 7 3 *

File Date: _____ PAID *JUN 22 11*

Check No.: _____ JAN 10 2000

By: _____
FOR SECRETARY OF STATE USE ONLY **SECRETARY OF STATE**

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.

Samuel Brown
Signature of Officer Date **1-5-00**

SAMUEL BROWN
Print or Type Name of Officer

PRES
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17673** 2. Name of Corporation **HOPE SERVICE STATION, INC.**

3. Street Address Principal Business Office **1 HOPE AVE** City **HOPE** State **RI** Zip **02831**

4. Business Phone No. **401 8282662** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3558**

7. Brief Description of the Character of Business Conducted in Rhode Island **Auto Repair**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name SAMUEL BROWN Street Address 56 HARRINGTON AVE City HOPE State RI Zip 02831	Vice President Name MAUREEN BROWN Street Address City _____ State _____ Zip _____
Secretary Name MAUREEN BROWN Street Address 56 HARRINGTON AVE City HOPE State RI Zip 02831	Treasurer Name SAMUEL BROWN Street Address City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name MARY MADDEN Street Address 7 MILE RD. City HOPE State RI Zip 02831	Director Name Street Address City _____ State _____ Zip _____
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100 SHS NO PAR COM		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100 SHS		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 7 6 7 3 *

File Date: 1-14-99

Check No.: 29345

By: AMF / CV

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 Officer: Samuel Brown Date: 1/12/99

Print or Type Name of Officer: SAMUEL BROWN

Title of Officer: PRES

FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17673**
2. Name of Corporation **HOPE SERVICE STATION, INC.**
3. Street Address Principal Business Office
1 HOPE AVE
4. Business Phone No. **401 828 2626**
5. State of Incorporation **RHODE ISLAND**

City **HOPE** State **RI** Zip **02831**
6. SIC Code **3558**

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

REPAIR - SERVICE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **SAMUEL BROWN**
Street Address **56 HARRINGTON AVE**
City **HOPE** State **RI** Zip **02831**

Vice President Name **MAUREEN BROWN**
Street Address **SAME**
City **SAME** State **SAME** Zip **SAME**

Secretary Name **MAUREEN BROWN**
Street Address **56 HARRINGTON AVE**
City **HOPE** State **RI** Zip **02831**

Treasurer Name **SAMUEL BROWN**
Street Address **SAME**
City **SAME** State **SAME** Zip **SAME**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **SAME**
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100 SHS NO PAR COM		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100 SHS NO PAR COM		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 7 6 7 3 *

File Date: **1/7/98**
Check No.: **27812**
By: **[Signature]**

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.

Samuel Brown 1-6-98
Signature of Officer Date

SAMUEL BROWN
Print or Type Name of Officer

PRES.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17673** 2. Name of Corporation **HOPE SERVICE STATION, INC.**
3. Street Address Principal Business Office **1 HOPE AVE** City **HOPE** State **RI** Zip **02831**
4. Business Phone No. **401 828 2626** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3593 8988**

7. Brief Description of the Character of Business Conducted in Rhode Island
REPAIR

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name SAMUEL F. BROWN Street Address 56 HARRINGTON AVE City HOPE State RI Zip 02831	Vice President Name MAUREEN L. BROWN Street Address 56 HARRINGTON AVE City HOPE State RI Zip 02831
Secretary Name MAUREEN L. BROWN Street Address 56 HARRINGTON AVE City HOPE State RI Zip 02831	Treasurer Name Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name SAMUEL F BROWN Street Address 56 HARRINGTON AVE City HOPE State RI Zip 02831	Director Name MARK MADDEN Street Address 56 HARRINGTON AVE City HOPE State RI Zip 02831
Director Name MAUREEN L. BROWN Street Address 56 HARRINGTON AVE City HOPE State RI Zip 02831	Director Name Street Address City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value	ISSUED SHARES	Class/Series	Par Value
100 SHS NO PAR COM			100 SHS NO PAR COM		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/6/97
Check No.: 26292
By: [Signature]

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 Officer: Samuel Brown Date: 1/14/97
Print or Type Name of Officer: SAMUEL BROWN
Title of Officer: Pres.

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 17673		2. NAME OF CORPORATION HOPE SERVICE STATION, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1 HOPE AVE			CITY HOPE	STATE RI	ZIP CODE 02831
4. BUSINESS PHONE NO. 401 828 2626		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND GENERAL REPAIR SHOP					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME SAMUEL F BROWN			VICE PRESIDENT NAME MAUREEN L BROWN		
STREET ADDRESS 56 HARRINGTON AVE			STREET ADDRESS SAME		
CITY HOPE	STATE RI	ZIP CODE 02831	CITY	STATE	ZIP CODE
SECRETARY NAME MAUREEN L BROWN			TREASURER NAME SAMUEL F BROWN		
STREET ADDRESS 56 HARRINGTON AVE			STREET ADDRESS SAME		
CITY HOPE	STATE RI	ZIP CODE 02831	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME MARY MADDEN			DIRECTOR NAME		
STREET ADDRESS 56 HARRINGTON AVE			STREET ADDRESS		
CITY HOPE	STATE RI	ZIP CODE 02831	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS	NO PAR COM				

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

1/16/96
24804

Check No:

By:

cc + ap

For Secretary of State Use Only

Samuel Brown
Signature of Officer

SAMUEL BROWN
Print or Type Name of Officer

PRES
Title of Officer

1/15/96
Date

DETACH BOTTOM BEFORE RETURNING

FORM 21 (2005)

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0017573

1995

Corporate ID: HOPE SERVICE STATION, INC. Annual Report for the year:

Name of Corporation:

Business entity organized under the laws of the State of:

For foreign entity, address and telephone number of principal office.

~~Business Entity~~ is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief description of the nature of business conducted in Rhode Island:

Phone: (401) 828 2626

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

SAMUEL BROWN 56 HARRINGTON AVE HOPE 02831
 MAUREEN BROWN " " " "

SAME
 REPAIR GARAGE

Phone: (401) 828 2626

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT SAMUEL BROWN	56 HARRINGTON AVE	Hope RI	02831
VICE PRESIDENT MAUREEN BROWN	"	"	"
SECRETARY MAUREEN BROWN	"	"	"
TREASURER SAMUEL BROWN	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
SAME			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

~~Number of Shares~~ 100 Class / Series
 SAME

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

Date 2-10 19 95

By: Samuel Brown

SAMUEL BROWN

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

PRES

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

SAMUEL BROWN
 1 HOPE AVENUE
 HOPE RI 02831

PAID
 APR 04 1995
 KID 23376
 SECY OF STATE

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401 277 3040

File Annually
LLC Sept 1 - Nov 1
CORP Jan 1 - March 1

Corporate ID 0017673 Annual Report for the year: 1994

Name of Business Entity: HOPE SERVICE STATION, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office
None

Phone: [REDACTED]

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

One Hope Avenue
Hope, RI 02831

Phone: 401 828-2626

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Samuel Brown
One Hope Avenue
Hope, RI 02831

Brief statement of the character of business conducted in Rhode Island.

Auto Repair

Date of Organization 1995 4/28/96

Date of Qualification to do business in Rhode Island (if foreign entity)
Not applicable

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT / <input checked="" type="checkbox"/> CHAIRMAN / <input type="checkbox"/> VICE PRESIDENT / <input type="checkbox"/> SECRETARY / <input type="checkbox"/> TREASURER	<u>Samuel Brown</u>	<u>Harrington Avenue</u>	<u>Hope, RI 02831</u>
<input type="checkbox"/> PRESIDENT / <input checked="" type="checkbox"/> CHAIRMAN / <input type="checkbox"/> VICE PRESIDENT / <input type="checkbox"/> SECRETARY / <input checked="" type="checkbox"/> TREASURER	<u>Maureen L. Brown</u>	<u>Harrington Avenue</u>	<u>Hope, RI 02831</u>
<input type="checkbox"/> PRESIDENT / <input type="checkbox"/> CHAIRMAN / <input checked="" type="checkbox"/> VICE PRESIDENT / <input type="checkbox"/> SECRETARY / <input checked="" type="checkbox"/> TREASURER	<u>Maureen L. Brown</u>	<u>Harrington Avenue</u>	<u>Hope, RI 02831</u>
<input type="checkbox"/> PRESIDENT / <input type="checkbox"/> CHAIRMAN / <input type="checkbox"/> VICE PRESIDENT / <input checked="" type="checkbox"/> SECRETARY / <input type="checkbox"/> TREASURER	<u>Samuel Brown</u>	<u>Harrington Avenue</u>	<u>Hope, RI 02831</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Samuel Brown</u>	<u>Harrington Avenue</u>	<u>Hope, RI</u>	<u>02831</u>
<u>Maureen L. Brown</u>	<u>Harrington Avenue</u>	<u>Hope, RI</u>	<u>02831</u>

NUMBER OF SHARES AUTHORIZED (if Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)
NUMBER <u>100</u>	NUMBER <u>100</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>No Par Value</u>	PAR VALUE OR WITHOUT PAR <u>No Par Value</u>

FILED
FEB 15 1994
BY 213789B

Date: 2/1/94 By: Samuel Brown

SAMUEL BROWN
FIRST OFFICER SIGNING
PRS.
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

SAMUEL BROWN
1 HOPE AVENUE
HOPE RI 02831

Filing Fee \$50.00

195279M

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017E73 Annual Report for the year 1993

FIRST: The name of the corporation is HOPE SERVICE STATION, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is AUTO REPAIR

FOURTH: If foreign corporation, address of its principal office NONE

FIFTH: Business address in Rhode Island 1 HOPE AVENUE, HOPE, RI 02831

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Samuel Brown	Director	Harrington Avenue, Hope, RI
Maureen L. Brown	Director	Harrington Avenue, Hope, RI
	Director	
Samuel Brown	President	Harrington Avenue, Hope, RI
Maureen L. Brown	Vice President	Harrington Avenue, Hope, RI
Maureen L. Brown	Secretary	Harrington Avenue, Hope, RI
Samuel Brown	Treasurer	Harrington Avenue, Hope, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
100	

PAID

JAN 26 1993

SECY OF STATE

Par Value or statement that shares are without par value

no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	

Par Value or statement that shares are without par value

no par value

Dated 1-21-1993

Hope Service Station Inc.
(Name of Corporation)

By Samuel Brown

Title Pres.

(Report must be signed by an officer)

Filing Fee \$50.00

73701 MBL#45 CR# 18470

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017573 Annual Report for the year 1992

FIRST: The name of the corporation is HOPE SERVICE STATION, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is AUTO REPAIR

FOURTH: If foreign corporation, address of its principal office NONE

FIFTH: Business address in Rhode Island 1 HOPE AVENUE, HOPE, RI 02831

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Samuel Brown	Director	Harrington Avenue, Hope, RI
Maureen L. Brown	Director	Harrington Avenue, Hope, RI
	Director	
Samuel Brown	President	Harrington Avenue, Hope, RI
Maureen L. Brown	Vice President	Harrington Avenue, Hope, RI
Maureen L. Brown	Secretary	Harrington Avenue, Hope, RI
Samuel Brown	Treasurer	Harrington Avenue, Hope, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par value

PAID

JAN 30 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par value

SECY OF STATE

Dated 1-22 19 92

Hope Service Station Inc.
(Name of Corporation)

By Samuel Brown

Title Pres.

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

45,

Corporate ID 0017673 Annual Report for the year 1991

FIRST: The name of the corporation is HOPE SERVICE STATION, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is AUTO REPAIR

FOURTH: If foreign corporation, address of its principal office NONE

FIFTH: Business address in Rhode Island 1 HOPE AVENUE, HOPE, RI 02831

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Samuel Brown	Director	Harrington Avenue, Hope, RI
Maureen L. Brown	Director	Harrington Avenue, Hope, RI
	Director	
Samuel Brown	President	Harrington Avenue, Hope, RI
Maureen L. Brown	Vice President	Harrington Avenue, Hope, RI
Maureen L. Brown	Secretary	Harrington Avenue, Hope, RI
Samuel Brown	Treasurer	Harrington Avenue, Hope, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par value

PAID

JAN 09 1991

REG'Y OF STATE

Dated 1/7 19 91

Hope Service Station, Inc.
(Name of Corporation)

By Samuel Brown

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

CZ

Corporate ID 0017573 Annual Report for the year 1990

FIRST: The name of the corporation is HOPE SERVICE STATION, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is AUTO REPAIR

FOURTH: If foreign corporation, address of its principal office NONE

FIFTH: Business address in Rhode Island 1 Hope Avenue, Hope, RI 02831

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Samuel Brown	Director	Harrington Avenue, Hope, RI
Maureen L. Brown	Director	" " " "
	Director	
Samuel Brown	President	" " "
Maureen L. Brown	Vice President	" " "
Maureen L. Brown	Secretary	" " "
Samuel Brown	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			No par value

PAID
JAN 25 1990

Dated January 24, 19 90

Hope Service Station Inc.
(Name of Corporation)

By Samuel Brown

Title Pres

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017673 Annual Report for the year 1989

FIRST: The name of the corporation is HOPE SERVICE STATION, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is AUTO REPAIR

FOURTH: If foreign corporation, address of its principal office NONE

FIFTH: Business address in Rhode Island 1 Hope Avenue, Hope, RI 02831

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Samuel Brown	Director	Harrington Avenue, Hope, RI
Maureen L. Brown	Director	" " " "
	Director	
Samuel Brown	President	" " " "
Maureen L. Brown	Vice President	" " " "
Maureen L. Brown	Secretary	" " " "
Samuel Brown	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

PAID
FEB 14 1989
DIV OF STATE

Dated 2/7 1989

Hope Service Station Inc.
(Name of Corporation)

By Samuel Brown

Title Pres.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17673

Annual Report for the year 1988

FIRST: The name of the corporation is HOPE SERVICE STATION, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Samuel Brown Pres.</u>	<u>Director</u>	<u>Harrington Ave Hope RI 02831</u>
<u>Samuel Brown TRES.</u>	<u>Director</u>	<u>" " " "</u>
<u>Maureen Brown Sec.</u>	<u>Director</u>	<u>" " " "</u>
<u>Maureen Brown V.P.</u>	<u>President</u>	<u>" " " "</u>
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares 100 Class

PAID

FEB 10 1988

Par Value
or statement that
shares are without
par value
No Par Value

EIGHTH: Number of Shares issued:

No. of Shares Class

SECY. OF STATE

Series OB

Par Value
or statement that
shares are without
par value

Dated 2-5 1988

Hope Service Station Inc.
(Name of Corporation)

By Samuel Brown

Title Pres.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17673 Annual Report for the year 1987

FIRST: The name of the corporation is HOPE SERVICE STATION, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Repair

FOURTH: If foreign corporation, address of its principal office None

FIFTH: Business address in Rhode Island 1 Hope Ave Hope R.I. 02831

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Samuel Brown</u>	<u>Pres Director</u>	<u>Harrington Ave Hope R.I.</u>
<u>Maureen Brown</u>	<u>V.P. Director</u>	<u>" " "</u>
<u>Samuel Brown</u>	<u>Treas Director</u>	<u>" " "</u>
<u>Maureen Brown</u>	<u>Sec President</u>	<u>" " "</u>
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
		PAID	

JAN 14 1987

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
		SECY OF STATE	
		APR 06 ENT'D	

Dated Jan 8 1987

Hope Service Station Inc.
(Name of Corporation)

By Samuel Brown

Title Pres

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17673 Annual Report for the year 1986

FIRST: The name of the corporation is HOPE SERVICE STATION, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Service Station

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island One Hope Avenue, Hope, Rhode Island 02831

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Samuel Brown	Director	Harrington Avenue, Hope, RI
Maureen L. Brown	Director	" " " "
	Director	
Samuel Brown	President	" " " "
Maureen L. Brown	Vice President	" " " "
Maureen L. Brown	Secretary	" " " "
Samuel Brown	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

Dated JAN-23 19 86 Hope Service Station, Inc.
(Name of Corporation)

MAR 22 1986

By Samuel Brown
Title PRESIDENT

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

✓
17673

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is Hope Service Station, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is service station

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) One Hope Avenue, Hope, Rhode Island 02831

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Samuel Brown	Director	Harrington Avenue, Hope, RI
Maureen L. Brown	Director	" " " "
	Director	
Samuel Brown	President	" " " "
Maureen L. Brown	Vice President	" " " "
Maureen L. Brown	Secretary	" " " "
Samuel Brown	Treasurer	" " " "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

Dated: JAN. 25 19 85

Hope Service Station, Inc.

(Name of Corporation)

By Samuel Brown

Title PRESIDENT

(Report must be signed by an officer)

RECEIVED: JAN 25 1985

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year ... 1984

FIRST: The name of the corporation is Hope Service Station, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is service station

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
One Hope Avenue, Hope, Rhode Island 02831

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Samuel Brown	Director	Harrington Avenue, Hope, RI
Maureen L. Brown	Director	" " " "
	Director	" " " "
Samuel Brown	President	" " " "
Maureen L. Brown	Vice President	" " " "
Maureen L. Brown	Secretary	" " " "
Samuel Brown	Treasurer	" " " "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

Dated: Jan. 14, 1984 Hope Service Station, Inc.
(Name of Corporation)

By Samuel Brown
Title PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is Hope Service Station, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is service station

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) One Hope Avenue, Hope, Rhode Island 02831

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Samuel Brown	Director	Harrington Ave., Hope, R.I.
Maureen L. Brown	Director	" " " "
	Director	
Samuel Brown	President	" " " "
Maureen L. Brown	Vice President	" " " "
Maureen L. Brown	Secretary	" " " "
Samuel Brown	Treasurer	" " " "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50	Common		No Par Value

Dated: February 25 1982

Hope Service Station, Inc.
(Name of Corporation)

By Samuel Brown

Title PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

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16
82
APR 21 1982
March

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
1981 ANNUAL REPORT
OF

Hope Service Station, Inc.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Hope Service Station, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

One Hope Avenue, Hope, Rhode Island 02831

and the name of its registered agent in Rhode Island at such address is

Samuel Brown

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is

service station

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Samuel Brown	Director	Harrington Ave., Hope, R.I.
Maureen L. Brown	Director	" " " "
	Director	
Samuel Brown	President	Harrington Ave., Hope, R.I.
Maureen L. Brown	Vice President	" " " "
Maureen L. Brown	Secretary	" " " "
Samuel Brown	Treasurer	" " " "

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	E1	No Par Value

9380A140000150081

JUL 7 1981
[Signature]

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
50	Common		No Par Value

Dated *June 19*, 19 81 . Hope Service Station, Inc.
(NAME OF CORPORATION)

By *Samuel Brown*
Its President

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
ANNUAL REPORT
OF

Hope Service Station, Inc.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Hope Service Station, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

One Hope Avenue, Hope, Rhode Island 02831

and the name of its registered agent in Rhode Island at such address is

Samuel Brown

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is service station

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Samuel Brown	Director	Harrington Ave., Hope, RI
Maureen L. Brown	Director	" " " "
	Director	
Samuel Brown	President	Harrington Ave., Hope, RI
Maureen L. Brown	Vice President	" " " "
Maureen L. Brown	Secretary	" " " "
Samuel Brown	Treasurer	" " " "

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100			Par Value

Par Value per Share or Statement that Shares are without Par Value

Par Value

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MAR 5 1980

117

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
50			No Par Value

Dated *March 3*, 1980

Hope Service Station, Inc.

(NAME OF CORPORATION)

By

Samuel Brown

is President

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
ANNUAL REPORT
OF

Hope Service Station, Inc.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Hope Service Station, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is One Hope Avenue, Hope, Rhode Island 02831 and the name of its registered agent in Rhode Island at such address is Samuel Brown

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is service station

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Samuel Brown	Director	Harrington Ave., Hope, R.I.
Maureen L. Brown	Director	" " " "
Mary Madden	Director	Hill Street, Coventry, R.I.
	Director	
	Director	
	Director	
Samuel Brown	President	Harrington Ave., Hope, R.I.
Maureen L. Brown	Vice President	" " " "
Maureen L. Brown	Secretary	" " " "
Samuel Brown	Treasurer	" " " "

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100		2 79	No Par Value

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FEB 7 1979

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
50			No Par Value

Dated 2/3, 19 79

HOPE SERVICE STATION, INC.
(NAME OF CORPORATION)

By Amos Brown

Its President

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
ANNUAL REPORT
OF

Hope Service Station, Inc.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Hope Service Station, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
One Hope Avenue, Hope, Rhode Island 02831

and the name of its registered agent in Rhode Island at such address is
Samuel Brown

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Service Station

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Samuel Brown	Director	Harrington Ave., Hope, R.I.
Maureen L. Brown	Director	" " " "
Mary Madden	Director	Hill Street, Coventry, R.I.
	Director	
	Director	
	Director	
Samuel Brown	President	Harrington Ave., Hope, R.I.
Maureen L. Brown	Vice President	" " " "
Maureen L. Brown	Secretary	" " " "
Samuel Brown	Treasurer	" " " "

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		No Par Value

10-3-78

FEB 3 1978
Jm

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT
OF

Hope Service Station, Inc.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Hope Service Station, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
One Hope Avenue, Hope, Rhode Island 02831
and the name of its registered agent in Rhode Island at such address is
Samuel Brown

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Service Station

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Name	Office	Address
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Maureen L. Brown	Director	" " " "
Mary Madden	Director	Hill Street, Coventry, R.I.
	Director	
	Director	
	Director	
Samuel Brown	President	Harrington Avenue, Hope, R.I.
Maureen L. Brown	Vice President	" " " "
Maureen L. Brown	Secretary	" " " "
Samuel Brown	Treasurer	" " " "

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		No Par Value

JAN 25 1977

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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Dated *January 24*, 1971

HOPE SERVICE STATION, INC.
(NAME OF CORPORATION)

By *Louise Brown*
Its President

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
ANNUAL REPORT
OF

..... Hope Service Station, Inc.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

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Filing fee: \$15 00

To be filed annually
between January 1st and March 1st

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FEB 6 1973

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Dated *February 7*, 19*74*

HOPE SERVICE STATION, INC.
(NAME OF CORPORATION)

By *Samuel Brown*
Samuel Brown
its President

FEB -6-74 SEC. OF STATE 7242 AR***15.00

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
ANNUAL REPORT
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HOPE SERVICE STATION, INC. for year 1973

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	Director	
Samuel Brown	President	350 Seven Mile Road, Hope, Scituate, R.
Maureen L. Brown	Vice President	SAME
Maureen L. Brown	Secretary	SAME
Samuel Brown	Treasurer	SAME

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Dated 10 January, 1973

HOPE SERVICE STATION, INC.
(NAME OF CORPORATION)

By *Samuel Brown*
Samuel Brown
Its President

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State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
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Dated 10 January... , 19 73

HOPE SERVICE STATION, INC.
(NAME OF CORPORATION)

By *Samuel Brown*
Samuel Brown, President
Its

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