

**FILED**



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2021  
 Corporation \_\_\_\_\_

MAR 01 2021  
 BY *[Signature]*

- 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 17554		2. Exact name of the Corporation THE HOPE BUILDING COMPANY, INC.			
3. Principal Office Address 84 GLEN ROAD			City CRANSTON	State RI	Zip 02910
4. NAICS Code <i>236115</i>		6. Brief description of the character of business conducted in Rhode Island GENERAL BUILDING CONSTRUCTION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name PAULINE A. DISCUILLO			Vice-President Name ROBERT B. DISCUILLO, JR		
Street Address 470 PIPPIN ORCHARD ROAD			Street Address 675 PIPPIN ORCHARD ROAD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name PAULINE A. DISCUILLO			Treasurer Name PAULINE A. DISCUILLO		
Street Address 470 PIPPIN ORCHARD ROAD			Street Address 470 PIPPIN ORCHARD ROAD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 SHARES	COMMON	NO PAR
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.					
<i>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.</i>					
Name of Authorized Representative <i>✓ JOANN CICCARELLI</i>					Date <i>✓ 2-25-2021</i>
Signature of Authorized Representative <i>[Signature]</i>					

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