



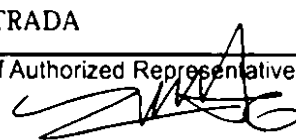
State of Rhode Island

Department of State - Business Services Division

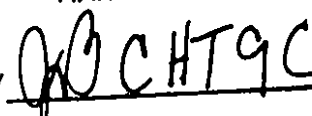
Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 001704083		2. Exact name of the Corporation HOPE PRINT, INC.		2021 MAR 15 P 12:42										
3. Principal Office Address 41 MCMILLEN STREET			City PROVIDENCE	State RI	Zip 02904									
4. NAICS Code 323111		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL PRINTING.(SIGNS, BANNERS, ETC....)												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name BRIAN ESTRADA			Vice-President Name NONE											
Street Address 41 MCMILLEN STREET			Street Address											
City PROVIDENCE	State RI	Zip 02904	City	State	Zip									
Secretary Name NONE			Treasurer Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
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		100	COMMON	NO PAR VALUE										
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 BRIAN ESTRADA				Date 02/08/2021										
Signature of Authorized Representative 														

MAR 15 2021

BY  CHT9C