



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.

**FILED**  
 JUN 10 2021  
 BY LOYLE DS

1. Entity ID Number <b>17682</b>		2. Exact name of the Corporation <b>HOPE STORES, INC.</b>			
3. Principal Office Address <b>29 SIXTH STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>453998</b>		6. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE AND RETAIL SALES OF FLAGS AND GOBS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LENORD KAPLAN</b>			Vice-President Name <b>LEONARD KAPLAN</b>		
Street Address <b>29 SIXTH STREET</b>			Street Address <b>29 SIXTH STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>MIRIAM SNELL</b>			Treasurer Name <b>ALAN KAPLAN</b>		
Street Address <b>29 SIXTH STREET</b>			Street Address <b>425 CULLINGWORTH DRIVE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>JOHNS CREEK</b>	State <b>GA</b>	Zip <b>30022</b>
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
		600		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.					
<b>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.</b>					
Name of Authorized Representative <b>MIRIAM SNELL</b> <i>Miriam Snell</i>					Date <b>06/07/21</b>
Signature of Authorized Representative					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov