RI SOS Filing Number: 202329894050 Date: 3/3/2023 10:46:00 AM

State of Rhode Island						· · · · · · · · · · · · · · · · · · ·	
Department of S	State - Busi	ness Senvices	e Division				
HOPE			PINISIOII				
Annual Report for the	year: '	2022		•	อะก		
Corporation					RECEIVED S.I. DEPT. OF STATE		
→ Filing period: February 1 - May 1					50S S	Vos civi	
→ Filing Fee: \$50.00						100 11	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.				7923 <u>MAR - 3 A 10: 4:0</u>			
Entity ID Number	2. Exact na	me of the Corporat	tion	<u> </u>	<u></u>	2 71.10 10	
1001666668	DT.	· 0/	15-11	1181-			
3. Principal Office Address		3 PLUMI	1City	HRATINO	10445	17:-	
,					1	h h	
355 WUSDWAI		<i>2</i>		Prw. Dewce		02904	
				conducted in Rhode Is	sland		
238220	PLu	MBING AN	is /4/4/T	IN 6			
5. State of Incorporation							
R I							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name	Vice-Presider	Vice-President Name					
Street Address							
355 WWO WAR	RO		Street Addres	SS			
City	State	Zip	City	<u></u>	State	Zip	
NORTH PROJOING	e RZ	02504			State	المرابع	
Secretary Name			Treasurer Na	me			
Street Address				·			
Sheet Address	Street Addres	Street Address					
City	State	Zip	City	 	State	Zip	
		1-7			State	Zip	
8. List ALL directors (names and	daddresses)			Check	the box to indic	ate an attachment	
Director Name	Director Nam	Director Name					
Street Address	7 0110	У C	Street Addres				
			Jones Constitution of the				
City	State	Zıp	City		State	Zip	
Disoster Name				<u>_</u>			
Director Name			Director Nam	Director Name			
Street Address	Street Addres	Street Address					
				-			
City	State	Zip	City		State	Zip	
9. Shares Authorized		40.0			<u> </u>		
This information is currently of re	cord in the	10. Shares I	SSUBD ROF SHARES	Check CLASS/SERIES		PAR VALUE	
Department of State.		10	<u> </u>	CIVID		0.0	
Changes require an additional fili	no.	10	<u>U</u>	CVVP		1.00	
•		1					
11. This report must be executed	d on behalf of th	e corporation by a	n authorized repre	esentative. If the corpo	ration is in the	hands of a receiver or	
trustee, this report must be exec	cuted on behalf o	of the corporation b	by the receiver or t	trustee.			
Under penalty of perjury, I det statements, and that all states	:Iare and affirm	that I have exam	ined this report,	including any accon	npanying sche	dules and	
Name of Authorized Representa	itive	ज गटाचमा बास ५५४	anu cyrrect.		Date		
1.01	~						
Signature of Authorized Represe	antativo :				1 3 M	AR 23	
ognotore or authorized representative				3 MAR 23 FILED 10:45			
Uk_		<u></u>		FILE	n 10.5		
MAIL TO:	0						
Division of Business Services	-d- (-l3 0005 :	2015		MAR 0 3	ZU Z3		
148 W. River Street, Providence, Rhi	uue isiand 02904-	∠ 015			~ 4.0		

Phone: (401) 222-3040 Website: www.sos.ri.gov J94 (FORM 630 - Revised: 11/2021