



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 05 2024

BY 38958

| | | | | | |
|--|--------------------|---|------------------------------------|--------------------------|--|
| 1. Entity ID Number 001712598 | | 2. Exact name of the Corporation Hope Service, Inc. | | | |
| 3. Principal Office Address 1 Hope Avenue | | | City Hope | State RI | Zip 02831 |
| 4. NAICS Code 811111 | | 6. Brief description of the character of business conducted in Rhode Island Automobile repair and maintenance | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses): | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Richard E. Zambarano, Jr. | | | Vice-President Name SAME | | |
| Street Address 590 Greenville Road | | | Street Address | | |
| City North Smithfield | State RI | Zip 02896 | City | State | Zip |
| Secretary Name SAME | | | Treasurer Name SAME | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses): | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name SAME | | | 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 | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 6000 | Common | \$1.00 | |
| 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. 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. | | | | | |
| Name of Authorized Representative Richard E. Zambarano, Jr. | | | | Date 2-29-2024 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
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