

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

⇒ Filing period: February 1 - May 1 ⇒ Filing Fee: \$50.00

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Penalty: Additional \$25.00 fee if form is not filed by May 31.					27			
Entity ID Number	2. Exact name of the Corporation							
000017698	HOPE STREET KFC INC							
Principal Office Address			City		State	Zip		
73 DUNCAN AVENUE			providence		ri	02906		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
722511	RETAIL KFC RESTAURANT							
5. State of Incorporation	THE PROPERTY OF THE PROPERTY O							
ri								
7. List ALL officers (names and add	lresses)				to indicate a	n attachment 🔲		
President Name DONALD A. LO	D A. LOPES			Vice-President Name				
Street Address 73 DUNCAN A	73 DUNCAN AVENUE			Street Address				
City providence	State RI	^{Z₁p} 02906	City		State	Zip		
Secretary Name			Treasurer Nar	Treasurer Name				
Street Address			Street Addres	Street Address				
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ac	ldresses)		<u></u>	Check the box	to indicate a	n attachment 🗖		
Director Name			Director Name	₽				
Street Address			Street Addres	Street Address				
City	State	Zip	Ciby		State	Zip		
Ony	State	الماريخ	City		State	Zip		
Director Name			Director Name	Director Name				
Street Address			Street Address					
City	State	Zip	City	···	State	Zip		
9. Shares Authorized		10. Shares Issued		Check the bo	Check the box to indicate an attachment			
This information is currently of record in the			NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
Department of State.		20	20		\$1			
Changes require an additional filing.			ĺ					
11. This report must be executed or ceiver or trustee, this report must be					ation is in the	hands of a re-		
Under penalty of perjury, I declar	re and affirm ti	hat I have examine	d this report, i		anying sche	dules and		
statements, and that all statements Name of Authorized Representative	nts contained i	herein are true and	d correct.		Date			
DONALD A. LOPES					1/27/2025			
Signat(ire of Authorized Representative								
Signature of Adulorized Represent	MIO							
MAIL TO:								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 27 2025

