RI SOS Filing Number: 202563445830 Date: 1/29/2025 4:00:00 PM

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

Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number
000017554

THE HOPE BUILDING COMPANY, INC.

3. Principal Office Address
84 GLEN ROAD

City
CRANSTON

RI

Date: 1/29/2025 4:00:00 PM

FIELD

JAN 2 9 2025

SAM 2 9 2025

Gry State

Zip
02910

1. Entity ID Number		2. Exact name of the Corporation					
000017554	TIHE HO	THE HOPE BUILDING COMPANY, INC.					
3. Principal Office Address 84 GLEN ROAD			City CRAN	NSTON	State RI	Zip 02910	
4. NAICS Code	6 Brief desc	cription of the charac	ter of busine	ess conducted in R	hode Island	<u></u>	
236200		AL BUILDING C			Hode Idiana	ł	
State of Incorporation	4						
RHODE ISLAND							
7. List ALL officers (names and add	dresses)		Lyc Deep	Check the box to indicate an attachment Vice-President Name ROBERT B. DISCUILLO, JR			
President Name PAULINE A. D	SCUILLO	ı	Vice-Presi	Ident Name ROBE	ERT B. DISCU	ILLO, JR	
Street Address 470 PIPPIN ORCHARD ROAD				Street Address 675 PIPPIN ORCHARD ROAD			
City CRANSTON	State RI	^{Zip} 02921	City CR.	ANSTON	State RI	Zip 02921	
	Secretary Name PAULINE A. DISCUILLO			Treasurer Name PAULINE A. DISCUILLO			
Street Address 470 PIPPIN ORCHARD ROAD			Street Add	Street Address 470 PIPPIN ORCHARD ROAD			
^{City} CRANSTON	State RI	^{Zip} 02921	City CR	City CRANSTON		^{Z_{ip}} 02921	
8. List ALL directors (names and a	(ddresses)				k the box to indicate	e an attachment 🔲	
Director Name			Director N	lame			
Street Address	Street Address			Street Address			
City	State	Zıp	City	City		Zip	
Director Name			Director N	Director Name			
Street Address			Street Add	Street Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss				te an attachment 🔲	
This information is currently of reco	rd in the	NUMBER OF			SS/SERIES	PAR VALUE	
Department of State.				CNP	\$0	0.0000	
Changes require an additional filing.	•						
11. This report must be executed of						he hands of a re-	
ceiver or trustee, this report must be	be executed on	n behalf of the corpor	ration by the	receiver or trustee	e		
Under penalty of perjury, I decla				rt, including any	accompanying sc	hedules and	
statements, and that all stateme Name of Authorized Representativ	nts contained	/ herein are true an	d correct.		Date	 .	
ROBERT B. DISCUILLO,	, JR					27-25	
Signature of Authorized Represent	tative						
ノスルオートン	17	llel					

MAIL TO:

Division of Business Services

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

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