RI SOS Filing Number: 200703279220 Date: 10/29/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
140847	Pope Housing New Hampshire LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
NEW HAMPSHIRE	TEMPORARY MOBILE HOMES PRIMARILY FOR FIRE LOSS VICTIMS

5. Principal office address	City	State	Zip
45R Route 125	Kingston	NH	03848

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Deborah MacLennan	Vice President

Street Address	City	State	Zip
45R Route 125	Kingston	NH	03848

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
John C Simons	
Street Address	**Street Address**
107 Tower Hill Road	
City / State / Zip	**City / State / Zip**
Briarcliff / NY / 10510-2207	
Manager Name	**Manager Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
CT CORPORATION SYSTEM	
Address	**City / Zip**
10 WEYBOSSET STREET	PROVIDENCE 02903-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

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.

Deborah MacLennan 10/23/07
Signature of Authorized Person *Date*

[redacted] Deborah MacLennan
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 29 2007
By: By 1331 3
16181-43-19910
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07