



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

No Fee

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2008

1. ID No. 000146487

2. Exact Name of the Limited Liability Company Hope Artiste Village, LLC

3. State of Formation

State: NV

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REAL ESTATE

5. Principal Office Address

No. and Street: 1005 MAIN STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CHHENG CHHAY Contact Title: CONTROLLER

No. and Street: 1746 NORTH CHEROKEE AVENUE #Z-1

City or Town: LOS ANGELES

State: CA

Zip: 90028

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	URBAN SMART GROWTH, LLC	1005 MAIN STREET PAWTUCKET, RI 02860 USA

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

PARASEARCH, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888-

Signed this 20 Day of February, 2009 at 4:32:02 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By LANCE ROBBINS
Signature of Authorized Person

Form No. 632
Revised 09/07

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