



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

A. Ralph Mollis, Secretary of State
Corporations Division
115 W. River Street
Providence, Rhode Island 02906
(401) 222-2000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (b), each limited liability company failing or refusing to file its annual report will be subject to being dissolved 100 days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(2)) in addition to a penalty fee of \$25.00.

1. ID No. 486791		2. Exact name of the limited liability company New Hope Properties, LLC			
3. Name of jurisdiction RI		4. Brief description of the business which is usually conducted in the state Real Estate			
5. Principal office address 116 Doyle Ave		City Providence		State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Company Name Robert Tomasso			Contact Title Manager		
Street Address 116 Doyle Avenue		City Providence		State RI	Zip 02906
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 <i>Robert Tomasso</i>			Manager Name		
Street Address <i>116 Doyle Ave</i>			Street Address		
City <i>Providence</i>	State <i>RI</i>	Zip <i>02906</i>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

486791

FILED	
OCT 28 2009	
File Date	By <i>DS 11-08</i>
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

102460

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.

Robert Tomasso *10/29/09*
Signature of Authorized Person Date
Robert Tomasso
Print or Type Name of Authorized Person