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 02908-5429
401 222-3040

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 (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.: 486791	2. Exact name of the limited liability company: New Hope Properties, LLC		
3. State of formation: RI	4. Brief description of the character of the business which is actually conducted in Rhode Island: 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:

Contact 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: Robert Tom[signature]			Manager Name:		
Street Address: 116 Doyle Ave			Street Address:		
City: Prov	State: RI	Zip: 02906	City:	State:	Zip:
Manager Name:			Manager Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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CORPORATIONS DIV
2009 OCT 28 AM 11:08

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

File Date: FILED
Check No.: OCT 28 2009
By: By DS 11:08
FOR SECRETARY OF STATE USE ONLY

102400

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.

[signature] 10/29/09
Signature of Authorized Person *Date*

Robert Tomasso
Print or Type Name of Authorized Person

Form 632 Rev. 08/08