



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 2010

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. 142115		2. Exact name of the limited liability company NEW ENGLAND REAL ESTATE HOLDING GROUP, LLC		
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT		
5. Principal office address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	State RI	Zip 02915
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name MARTIN P. SLEPKOW		Contact Title MANAGER		
Street Address 1481 WAMPANOAG TRAIL		City EAST PROVIDENCE	State RI	Zip 02915
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) <input type="checkbox"/>				
Manager Name MARTIN P. SLEPKOW		Manager Name NONE		
Street Address 1481 WAMPANOAG TRAIL		Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	City	State
Manager Name NONE		Manager Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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).

142115

File Date 9-24-2010
Check No. 6136
By: MPC
FOR SECRETARY OF STATE USE ONLY

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] 9/16/10
Signature of Authorized Person Date

MARTIN P. SLEPKOW
Print or Type Name of Authorized Person