



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*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.*

**ANNUAL REPORT YEAR:** 2010

**1. ID No.** 000129180

**2. Exact Name of the Limited Liability Company** Pulte Homes of New England LLC

**3. State of Formation**

State: MI

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

GENERAL CONTRACTOR, RESIDENTIAL HOME BUILDER

**5. Principal Office Address**

No. and Street: 100 BLOOMFIELD HILLS PARKWAY, SUITE 300

City or Town: BLOOMFIELD HILLS

State: MI Zip: 48304 Country: USA

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

Contact Name: Contact Title:

No. and Street: 100 BLOOMFIELD HILLS PARKWAY, SUITE 300

City or Town: BLOOMFIELD HILLS

State: MI Zip: 48304 Country: USA

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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	REID BLUTE	115 FLANDERS ROAD STE 200 WESTBOROUGH, MA 01581 USA
MANAGER	GEOFFREY U RENDALL	115 FLANDERS ROAD STE 200 WESTBOROUGH, MA 01581 USA
MANAGER	BRIAN LUPIEN	115 FLANDERS ROAD STE 200 BLOOMFIELD HILLS, MI 01581 USA
MANAGER	JAMES R MCCABE	115 FLANDERS ROAD WESTBOROUGH, MA 01581- USA
MANAGER	STEVEN M COOK	100 BLOOMFIELD HILLS PKWY STE 300 BLOOMFIELD HILLS, MI 48304 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 5 Day of October, 2010 at 3:40:40 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 JAN M KLYM  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2010 State of Rhode Island and Providence Plantations  
All Rights Reserved