



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2010

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000119361		2. Exact name of the limited liability company 65 NEW ROAD, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island To own, operate, lease, manage and buy/sell real estate			
5. Principal office address 20 William Street, Suite 130			City Wellesley	State MA	Zip 02481
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Stephen N. Wilchins			Contact Title Attorney		
Street Address 20 William Street, Suite 130			City Wellesley	State MA	Zip 02481
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name Housing Trust of New England, LLC			Manager Name		
Street Address 20 William Street, Suite 130			Street Address		
City Wellesley	State MA	Zip 02481	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

Bilideau Property Management, Inc.  
 217 Waterman Street  
 Providence, RI 02906  
 Attn: Harrison Bilodeau

**FILE**

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Check No \_\_\_\_\_

By: \_\_\_\_\_

**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 of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_

Housing Trust of New England, LLC, By its Manager:  
 Print or Type Name of Authorized Person Stephen N. Wilchins