



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

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. 000702395		2. Exact name of the limited liability company New Hope Real Estate Holdings, LLC			3. NAIGS Code 53	
4. Brief description of the character of the business which is actually conducted in Rhode Island To purchase, hold, develop, sell, and rent real estate and for any other lawful purpose.					5. State of Formation Rhode Island	
6. Principal office address 2728 Pawtucket Avenue			City East Providence	State RI	Zip 02914	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name Rodger B. Lincoln			Contact Title Manager			
Street Address 2728 Pawtucket Avenue			City East Providence	State RI	Zip 02914	
8. 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 Rodger B. Lincoln			Manager Name			
Street Address 2728 Pawtucket Avenue			Street Address			
City East Providence	State RI	Zip 02914	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. 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. 7-16-11Orson and Brusini Ltd.						

FILED

OCT 05 2016

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

BY WSDS

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.

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

Rodger B. Lincoln 10/3/16
Signature of Authorized Person Date

Rodger B. Lincoln, Manager

Print or Type Name of Authorized Person