

## Annual Report for the year: 2017 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$2	25.00 fee ii foliii is	not liled by Dece	ander 1.			
1. Entity ID Number	•	2. Exact name of the Limited Liability Company				
1658904		Northeast Holdings, LLC				
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
531311	Manageme	Management of real estate				
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
1 Sias Point Road			Buzzards Bay	MA	02532	
7. Mailing Address of Limite	ed Liability Company	y and Name or Tit	le of Contact Person	<u> </u>		
Contact Name Stuart Rothman			Contact Title Manager			
Street Address 1 Sias Point Road			City Buzzards Bay	State MA	<sup>Zip</sup> <b>02532</b>	
8. List ALL managers (nam	es and addresses)	of the Limited Lial	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name Stuart Rothman			Manager Name			
Street Address 1 Sias Point Road			Street Address			
City Buzzards Bay	State MA	<sup>Zip</sup> 02532	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<del></del>			Check the box to	indicate an attachment	
9. Resident Agent in Rhode	e Island. This informa	tion is currently of re	ecord with the Department of State	e. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s	l declare and affiri tatements contain	m that I have exa ed herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
Stuart Rothman						
Signature of Authorized Pe	rson	<del></del>	(8		<del></del>	
		SIGN D	OCUMENT HERE	out I	~	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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