Annual Report for the year: 2017 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
505599	New England diversified Holdings, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531311	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 Limited Lia	bility Company	and Name or Tit				
Contact Name Stuart Rothman			Contact Title Manager			
Street Address 1 Sias Point Road			City Buzzards Bay	State MA	^{Zip} 02532	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Stuart Rothman			Manager Name			
Street Address 1 Sias Point Road			Street Address			
City Buzzards Bay	State MA	^{Zip} 02532	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>			Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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.						
Name of Authorized Person				Date		
Stuart Rothman				11/201	11/20/17	
Signature of Authorized Person SIGN DOCUMENT HERE						

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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BY 318188 VM FORM 632 - Revised: 08/2017