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 ___2018___

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.	2. Exact name of the limited liability company	3. NAICS Code
000702395	New Hope Real Estate Holdings, LLC	531312

4. Brief description of the character of the business which is actually conducted in Rhode Island	5. State of Formation
To purchase, hold, develop, sell, and rent real estate and for any other lawful purpose.	Rhode Island

6. Principal office address	City	State	Zip
2728 Pawtucket Avenue	East Providence	RI	02914

7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Rodger B. Lincoln	Manager		
Street Address	City	State	Zip
2728 Pawtucket Avenue	East Providence	RI	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) ☐

Manager Name			Manager Name		
Rodger B. Lincoln					
Street Address			*Street Address*		
2728 Pawtucket Avenue					
City	State	Zip	City	State	Zip
East Providence	RI	02914			
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. 7-16-11 Orson and Brusini Ltd.

FILED

SEP 26 2018

BY _____

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

File Date _____
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.

_____   9/7/18
Signature of Authorized Person   *Date*

Rodger B. Lincoln, Manager

_____
Print or Type Name of Authorized Person

Form 632 Rev. 08/08